

**INFORMED CONSENT AND RELEASE ADDENDUM
FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH EMERGENCY**

This document contains important information about participation in in-person services in light of the COVID-19 public health emergency. Please read this carefully and let us know if you have any questions. When you sign this document, it will be an official agreement and addendum to our notice of privacy practices.

Coronavirus / COVID-19 Warning & Disclaimer

The novel coronavirus, COVID-19, is an extremely contagious virus that is believed to spread easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. ***COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Jewish Family Service in-person programs, services, and activities at any location could increase the risk of contracting COVID-19.*** JFS Dallas in no way guarantees or warrants that COVID-19 infection will not occur through participation in our programs, services, and activities, or on our premises, either at our office locations, in a vehicle, or in the broader community.

Decision to Meet Face-to-Face

You have agreed to meet in-person for some or all future sessions. If there is a resurgence of the pandemic or if other health or safety concerns arise, however, our office may require that we discontinue in-person services and/or meet via telehealth. If you have concerns about meeting through telehealth, you can speak with your clinician. You understand that, if your clinician believes it is necessary and appropriate, they may determine that you discontinue in-person services and move to and/or return to a virtual platform.

If you decide at any time that you would like to discontinue in-person services and move to, or return to, telehealth services, we will work with you to facilitate telehealth services, as long as it is feasible and clinically appropriate. Fees for telehealth services are offered at our standard rates.

Risks of Opting for In-Person Services

You understand that by electing to receive in-person services and coming to the office, you (or your child/adolescent) accept and assume the risk of exposure to COVID-19. This risk may increase if you travel by public transportation, cab, or ridesharing service.

Client Commitment to Minimize Your Exposure

To obtain services in-person, we ask that you agree to take certain precautions to help everyone (you, your clinician, our clients and families, and other staff) reduce their risk of exposure and illness. Failure to adhere to any of these safeguards may result in immediate discontinuation of in-person services and/or starting/returning to a telehealth arrangement. These safeguards include:

- You agree to only keep your in-person appointment if all of the following statements are true:
 - o Neither you, nor anyone in your household, currently has or has experienced symptoms of COVID-19 within the last 14 days. Symptoms include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea.
 - o Neither you, nor anyone in your household, has knowingly been exposed to a confirmed or suspected case of COVID-19 or has been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.
 - o Neither you, nor anyone in your household, has traveled outside of the country, or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19 (excluding DFW metroplex), in the last 14 days.

- We ask you take your temperature before coming to each appointment. If it is elevated (100.4 Fahrenheit or above), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, you will not be charged our cancellation fee.
- Please arrive no earlier than 5-10 minutes prior to your scheduled appointment and maintain social distancing practices while in our offices; we are asking our waiting room area to be used minimally.
- Only clients with scheduled appointments are allowed in the building. Child/adolescent clients may be accompanied by ONE caregiver/guardian. We ask all additional families members (co-parents, siblings...etc.) to wait in their vehicles or make other arrangements.
- All clients should use the kiosk (Accushield) located near our office entrance upon entering the office; this kiosk will require you to answer some brief questions and check your temperature prior to entering the building.
- Please wash your hands or use alcohol-based hand sanitizer when you enter/exit the office.
- Consistent with state regulations and public health guidelines, clients and staff are expected to wear masks in all areas of the office that cover their nose and mouth.
- There will be no physical contact (e.g. no shaking hands) with your clinician or other staff.
- We ask you to try not to touch your face or eyes with your hands. If you do, your clinician may ask you to wash or sanitize your hands.
- If you are bringing your child or adolescent for counseling services, we ask you to make sure that your child follows all of these sanitation and distancing protocols. ****please review these protocols with your children and adolescents****
- We ask you to take any steps between appointments consistent with these precautions and local, state or federal orders or guidelines to minimize your exposure to COVID-19.
- If your job or other activities increases your risk of exposure to persons who have COVID-19, you will immediately let your clinician know.

We may change the above precautions if additional local, state or federal orders or guidelines are published. You may be alerted via email or phone of such changes.

Your Confidentiality in the Case of Infection

If you have tested positive for COVID-19, we may be required to notify state or local health authorities that you have been in the office. If we are required to report, we will only provide the minimum information necessary for their data collection. We additionally may be notify clients or others who may have come into contact with you or occupied a room after you should you test positive for COVID-19, so that they may aware of possible exposure; if we have to notify others under this circumstance, we will not release identifiable information but merely provide a notice of possible exposure. By signing this form, you are agreeing that we may make these notifications without any additional authorization or signed release.

Informed Consent

This agreement supplements our general informed consent/notice of privacy practices that we agreed to at the start of our work together.

Assumption of Risk

You have read and understood the warnings regarding COVID-19 in this Informed Consent and Release Addendum. You hereby certify that you have full knowledge of the nature and extent of the risks inherent in participation in JFS Dallas programs, services and activities, including coming to the office and receiving in-person services, and that you voluntarily choose to accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in JFS Dallas programs, services, and activities, including in-person services.

Waiver, Release, Indemnification & Covenant Not to Sue

IN CONSIDERATION OF MY PARTICIPATION IN JFS DALLAS PROGRAMS, SERVICES AND ACTIVITIES, I, _____, THE UNDERSIGNED PARTICIPANT, AGREE TO RELEASE AND ON BEHALF OF MYSELF, MY HEIRS, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, HEREBY DO RELEASE JEWISH FAMILY SERVICE OF GREATER DALLAS (JFS DALLAS) AND ITS RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AGENTS, REPRESENTATIVES AND INSURERS (“RELEASEES”) FROM ANY CAUSES OF ACTION, CLAIMS, OR DEMANDS OF ANY NATURE WHATSOEVER ARISING OUT OF, OR IN ANY WAY RELATING TO, EXPOSURE, INFECTION, AND/OR SPREAD OF COVID-19, OTHERWISE KNOWN AS CORONAVIRUS, INCLUDING, BUT IN NO WAY LIMITED TO, CLAIMS OF NEGLIGENCE, WHICH I, MY HEIRS, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE, NOW OR IN THE FUTURE, AGAINST JFS DALLAS, RELATED TO MY PARTICIPATION IN JFS DALLAS PROGRAMS, SERVICES AND/OR ACTIVITIES, INCLUDING ANY IN-PERSON SERVICES. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

IN CONSIDERATION OF MY PARTICIPATION IN JFS DALLAS PROGRAMS, SERVICES, AND/OR ACTIVITIES, I AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES FROM ANY AND ALL CAUSES OF ACTION, CLAIMS, DEMANDS, LOSSES, OR COSTS OF ANY NATURE WHATSOEVER ARISING OUT OF, OR IN ANY WAY RELATING TO, EXPOSURE, INFECTION, AND/OR SPREAD OF COVID-19, RELATED TO MY PARTICIPATION IN JFS DALLAS PROGRAMS, SERVICES AND/OR ACTIVITIES, INCLUDING ANY IN-PERSON SERVICES.

I hereby certify that I am in good health without fever, cough or other symptoms related to COVID-19, that I have not been in contact within the last 14 days with anyone diagnosed or exposed to COVID-19, and that I have no conditions or impairments which would preclude my safe participation in JFS Dallas programs, services, and/or activities, as a client of the agency. I further certify that my date of birth is ___ / ___ / _____ (MM/DD/YYYY), that my present age is _____, and that I am therefore of lawful age and otherwise legally competent to sign this agreement on behalf of myself and/or my minor child/adolescent. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____, in the year _____.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS INFORMED CONSENT AND RELEASE ADDENDUM AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

_____	_____	_____
<i>Client Name (Print)</i>	<i>Client Signature (if applicable)</i>	<i>Date</i>
_____	_____	_____
<i>Parent/Guardian (Print) (if applicable)</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>
_____	_____	_____
<i>Parent/Guardian (Print) (if applicable)</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>
_____	_____	_____
<i>Counselor Name (Print)</i>	<i>Counselor Signature</i>	<i>Date</i>