



IN-PERSON SERVICES AGREEMENT

ONLY SIGN IF GETTING IN-PERSON SERVICES

Client: _____

Birthdate: _____

Adapt Behavioral Services is committed to the wellbeing of our clients, staff, and community. Due to the scientific evidence that all known Covid-19 variants are highly transmissible through the air in close and enclosed spaces, and through close contact for short periods of time, Adapt has adopted the following procedures for face-to-face services. Below you will find a list of procedures expected of your clinician, and a list of safety precautions expected of you and your household members when receiving home-based, face-to-face services. **There should be no variance from the procedures below, regardless of vaccination status of the clinician, yourself or your household members, unless notified of policy changes by your clinician.**

CLINICIANS REMAIN MASKED: Your clinician, upon approach of your home's entry door will be properly masked. A properly worn mask covers (without gaps) from the bridge of the nose to under the chin, and cheekbone to jawline on both sides of the face. The mask will remain on and properly worn through the entirety of your/your child's session, and in any person's presence, regardless whether inside or outside and regardless of physical distance.

CLINICIANS KEEP 6 FEET OF DISTANCE: Your clinician will maintain at least 6 feet distance from all people in your household, unless physical contact is necessary to provide effective treatment (e.g., manual prompting).

CLINICIANS SANITIZE THEIR HANDS: Your clinician will have already used a hand sanitizer on both hands upon exiting their car, prior to approaching your home.

CLINICIANS SANITIZE SHARED ITEMS: Your clinician has been instructed to use items (e.g., pens, toys, games) from your environment as much as possible. If your clinician brings any therapeutic tools (a game, for example), they will have been sanitized between uses.

CLINICIANS EXPOSED TO COVID-19: After any known exposure, even if not having any symptoms, clinicians must either cancel all client face-to-face sessions, or offer telehealth sessions for a period of at least two weeks. This time may be reduced if the staff tests negative for Covid-19 7 days after exposure or end of symptoms.

CLIENT MASKED: I agree to remain properly masked while in the presence of the Adapt clinician. If I/my child cannot tolerate wearing a mask properly for the duration of therapy sessions, telehealth (video sessions) will be substituted whenever therapeutically appropriate. If you/your child is unable to tolerate wearing a mask but telehealth services are not effective, your clinician will seek Adapt's administrative approval for in-person sessions with additional safety precautions.

FAMILY MASKED: I agree that all family members and other participants will remain properly masked while present in the same room with the Adapt staff. If any visitor arrives to my home during a session, I will not permit them to interfere with the session, nor pass through the session room.

MAINTAIN 6-FOOT DISTANCE: I agree that all family members and other participants will remain at least 6 feet away from the clinician. If any visitor arrives to my home during a session, I will not permit them to interfere with the session, nor pass through the session room.

EXPOSED TO COVID-19: I agree to notify my Clinician of any known or suspected exposure to COVID-19, any fever greater than 100, and any persistent coughing of **ANY MEMBER OF MY HOUSEHOLD**. Your clinician will be able to provide only telehealth sessions for at least two weeks.

WAIVER & CONSENT: I hold harmless Adapt Behavioral Services, its staff, and clinicians from any claims, actions, or costs associated with the risks of in-person contact and services.

- I understand there is risk of contagion from in-person services and agree to abide by Adapt's contagion-prevention policies (indicated by check boxes above).
- I may revoke consent for the above at anytime, however, I cannot revoke consent for action that has already been taken. A copy of this release shall be valid as the original.

THIS CONSENT EXPIRES 1 YEAR FROM THE DATE SIGNED UNLESS OTHERWISE SPECIFIED

Client Signature: _____

Date: _____

(required for clients age 6+ or "unable to sign due to disability...age...etc.")

Guardian Signature: _____

Date: _____

(required if client is a minor)

Guardian Name (printed): _____

Relationship: _____

(required if client is a minor)