

COVID-19 Mental Health Family Treatment Consent Form

I, \_\_\_\_\_ knowingly and willingly consent to have mental health service during the COVID-19 pandemic. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of mental health services, that I have an elevated risk of contracting the virus simply by being in the clinic at Heart to Heart Child and Family Center for Counseling.

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below and **will contact Heart to Heart at 651-335-8219 if any changes occur.**

- Temperature above 98.7 degrees
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore Throat

I confirm that I have not been around anyone with these symptoms in the past 14 days. I do not live with anyone who is sick or quarantined.

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the clinic's strict guidelines: take temperature prior to coming, use face mask, do not attend if sick or living with someone ill, use hand sanitizer from clinic, stay in car until text to enter building, etc.

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And I understand that the CDC recommend social distancing of at least 6 feet.

I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.

I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days.

Please list unanswered questions here:

Date:

Name of Family:

Signature: