

# Informed Consent for In-Person Services

## *For services occurring at a Life in Harmony facility:*

This document outlines information specific to receiving in-person services. We invite you to read this document carefully and be sure to ask any clarifying questions before signing the document. A signed copy of this document will be kept on file and will serve as an agreement between you and Life in Harmony Music Therapy, LLC (LIH).

This agreement outlines the mutual decision between you and LIH to meet in-person. This may include meeting in-person inside the facility, within a modified in-person environment, or receiving services outdoors. During in-person sessions, you and the music therapist will share the same room/physical space and opportunity for personal protective equipment (PPE) and moveable partitions will be used (as appropriate). You can request for services to be scheduled in a modified in-person environment where you and the music therapist will meet face-to-face but not share the same physical space (you will be separated by a full glass/plexiglass barrier). The modified in-person environment option is strongly encouraged if you find it difficult to practice social distancing or follow the guidelines below when experiencing symptoms of illness. When requested and appropriate, services may also take place outside of the LIH main facility location.

We will respect your individual choice regarding your preferred service delivery. It is important to note that LIH also offers virtual services via Telehealth. We encourage you to select the safest service-delivery option that best supports your therapeutic goals.

### Benefits:

- Services are provided within a structured environment.
- Increased access to equipment typically used within the session.
- Maintain or continue to develop the therapeutic relationship.
- Observe progress towards functional goals and objectives.
- The Modified In-Person setting promotes safe distancing at all times.
- Outdoor sessions provide increased airflow and may reduce the risk of transmission.

### Risks (Specific to COVID-19):

- Entering a public facility may increase your exposure to COVID-19 or other public health concerns. This risk increases if you use public transportation, a cab, or ride-share to travel to your appointment. To learn more about the risks associated with COVID-19, please visit <https://www.cdc.gov/coronavirus/2019-ncov/>
- Viral particles may be ejected through coughing, sneezing, breathing, talking, laughing, and singing.
- Service disruption may occur due to unforeseen public health concerns.
- Physical injury may result from coming in contact with a fixed plexiglass/glass barrier or moveable partition.
- Increased distraction due to PPE and other unfamiliar equipment used within the session.
- Participation in services in an outdoor setting may have additional risks.
  - Confidentiality may fluctuate as others may hear or see a portion of the session.
  - Additional health/safety concerns may apply, such as insect bites, sun/heat exposure, ability to leave the area, allergies, etc.

## Precautions, Safeguards & Expectations

**LIH is taking the following steps to protect you, other clients, LIH staff and our families, and the community:**

*(These temporary guidelines are subject to change if additional local, state, or federal orders or guidelines are published)*

- LIH staff receive ongoing education about the signs and symptoms of COVID-19 and are required to adhere to specific practices to report illness and refrain from work if experiencing any symptoms.
- LIH staff wear a face covering as appropriate.
- LIH staff utilizes a physical barrier or face shield as appropriate.
- LIH staff maintain safe distancing as appropriate.
- LIH staff adhere to the Center of Disease and Prevention (CDC) guidelines regarding the prevention of COVID-19.

- LIH staff adhere to the CDC's guidelines regarding the disinfection of our offices, equipment, and furniture.
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
- Hand sanitizer that contains at least 60% alcohol is available in several areas at the facility.
- LIH staff asks that only the minimum required individuals enter the facility.
- Credit card pads, pens, and other areas that are commonly touched are thoroughly sanitized after each use.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- LIH offers the option to meet in a shaded outdoor location as appropriate.

**We ask all clients to agree to these precautions to help keep our facility as safe as possible:**

*(Please check each precaution to indicate that you agree to these actions and expectations.)*

- ☐ I will only attend my in-person appointment if I am symptom-free.
- ☐ I will wash my hands or use alcohol-based hand sanitizer when I enter the building.
- ☐ Whenever possible, I will keep a distance of six feet from LIH staff and other clients in the building.
- ☐ I will try not to touch my face or eyes with my hands. If I do, I will immediately wash or sanitize my hands.
- ☐ If I am bringing my child to a session, I will wait in my vehicle or outside the facility if I feel comfortable doing so. If I feel it necessary to remain in the building, I will wait in the designated waiting area until the session is completed. I will encourage my child to follow sanitation and distancing practices.
- ☐ I will take steps between appointments to minimize my exposure to COVID-19.
- ☐ If my commute or other responsibilities or activities puts me in close contact with others (beyond my family), I will let LIH staff know.
- ☐ If a resident of my home tests positive for the infection, I will immediately let LIH staff know and we will plan how to resume future services.
- ☐ I will only bring the minimum number of people needed for each visit.
- ☐ When recommended, I will wear a mask inside the facility as directed by the CDC and local health departments.

Please talk with your music therapist if you have concerns regarding face coverings. More info at <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

## Informed Consent

I understand that:

1. By coming to the office I am assuming the risk of exposure to COVID-19 (or other public health risks).
2. I am expected to take specific precautions outlined above which will help keep everyone (me, LIH staff and their families, other clients) safer from exposure, sickness, and possible death.
3. LIH will monitor and reevaluate its safety efforts (safeguards, guidelines, and policies) on an ongoing basis and will make adjustments to reflect the fluidity of COVID-19 in our community.
4. All In-Person services may temporarily be postponed if there is a state, local, or federal order or guideline to do so. In this event, my services may be transitioned to Telehealth - if appropriate.
5. LIH is committed to keeping me, all clients, and all staff (and their family members) as safe as possible. If I arrive for a scheduled appointment and LIH staff have reason to believe I have a fever or other symptoms of COVID-19, or believe I have been exposed to COVID-19, I will be required to leave the office immediately. My service may be rescheduled to take place via Telehealth at a later time.
6. If I test positive for COVID-19, LIH may be required to notify local health authorities that I have visited the agency. In this event, LIH will report the minimum necessary information for the data collection; this will not include any information about my services at LIH. By signing this form, I understand I am giving my permission for LIH to report as necessary without obtaining an additional release.
7. If at any time I feel safest receiving services through a more restrictive environment, I am to make this request known to my music therapist. I understand that LIH will honor my decision, as long as it is feasible, clinically appropriate, and available based upon my payer source/insurance reimbursement and

applicable law requirements.

8. As always, I have the right to discontinue music therapy services at any time.

By signing this form, I certify that:

- I understand the risks, benefits, and any practical alternatives to in-person services.
- I understand this agreement supplements the information exchanged at the start of music therapy services.

I hereby acknowledge that I have read, understand, and agree to the terms listed in this document. I agree to meet in-person for my music therapy session at Life in Harmony Music Therapy, LLC.

Name of Individual: \_\_\_\_\_

Signature of Client or Authorized Representative:

_____	_____	_____
Client or Authorized Representative Full Name	Client or Authorized Representative Signature	Date

If authorized signer, relationship to the client: \_\_\_\_\_

Self (18+) or Person Authorized to Sign for Individual Named Above

_____	_____
Client, Caregiver/Guardian, or Authorized Representative Signature	Date
_____	_____
Music Therapist Signature	Date