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### **COVID-19 and Infectious Disease Procedures, Informed Consent, and Waiver**

COVID-19 has highlighted the need for more serious and diligent precautions to be taken regarding infectious disease prevention and spread while meeting for in-person therapy sessions. In response to this, my office has taken reasonable precautions to prevent the spread of COVID-19 and other airborne infectious diseases. This form contains important information about the decision to conduct in-person services regarding the COVID-19 public health crisis and to set expectations regarding the corresponding changes to facilitate health safety for our meetings. Please read this carefully and share any questions you have before signing this document, as it will be an official agreement between us.

#### **Decision to Meet in Person**

We have agreed to meet in person for some or all future sessions. Please understand that if there are any future state emergency limits, shelter in place orders, or illness impacting our ability to meet, we will develop a reasonable plan to reschedule or meet using Telehealth or alternative communication resources that meet the confidentiality requirements necessary to work together. If you decide at any time that you are comfortable moving or returning to telehealth services, we will outline the plan and confirm that the communication method is clinically appropriate. The plan will include payment/reimbursement for telehealth services as it may vary with your health insurance plan and applicable law.

#### **Risks of Opting for In-person Sessions**

Please note that there is no way to guarantee 100% protection when dealing with the spread of COVID-19 or other airborne infectious diseases. Safety of all of my patients is always an utmost priority and if you feel that the risks of attending in-person sessions outweighs the benefits, or you find yourself in a particular high-risk susceptible group, you always have the option of telehealth as an alternative means of seeing me in the office, should you wish to avoid further contact. Please understand that by coming to the office, and/or meeting for such services in any other venue, you are assuming the risk of exposure to the coronavirus (or any other public health risk); and you agree to waive all rights and claims against my practice for damages arising therefrom. This risk may increase if you travel by public transportation, cab, or ridesharing service. This liability waiver and release will extend to Lenny Gallo, his space, and all persons or parties who utilize this space.

There are measures you can/and should take prior to and after your visit to help prevent the spread and contraction rate of exposure to infectious diseases. These include:

- Maintaining proper social distancing procedures.
- Maintaining proper hand hygiene before and after your visit.
- Visiting the Center for Disease Control's website regularly to check for the latest updates and protocols regarding infectious disease and prevention.

#### **Practice Steps to Reduce Exposure and New Office Measures**

My practice has taken steps to reduce the risk of spreading the coronavirus within the office. I have implemented the guidelines outlined by CDC/NJ Division of Consumer Affairs/NASW to improve safety from

virus contagion. Please understand that if I test positive for the coronavirus, I will notify you so that you can take appropriate precautions as you deem necessary. Although these steps will improve safety, it is impossible to guarantee any outcome with an invisible virus. Please let me know if you have questions about these efforts. The measures my office has put into place include:

- Sanitizing common areas between patients which includes the seating area, restroom, and door handles.
- Maintaining 6 feet apart during sessions.
- Fresh linens to cover furniture between clients.
- Hand gloves will be available for those who would like.
- Hand sanitizer will be available in the office.
- Office space is rearranged to maintain proper social distancing.
- Air purifier to help maintain air quality.
- Disposable pens are available for any in-office paperwork that must be signed.
- Contactless payment (using a credit card on file).

Additionally, there are other measure that will be asked of you prior to coming to your visit and before entering the office. You must agree to the following:

- Take a brief verbal intake to assess your symptoms and risks. This consists of: Asking if you have traveled in the past 14 days; Asking if you are currently experiencing symptoms; Asking if you believe you have been exposed to others with COVID-19; Asking if you are practicing proper social distancing.
- Allow your temperature to be taken prior to entering the office (no one with a temperature above 100 will be allowed to stay for a session).
- Wear a face mask during your session (If you do not have a mask, one will be provided.).
- When you arrive for your appointment, please text me to notify that you are here. I will contact you back, after the office has been fully sanitized and you are able to enter.

Again, while these measures have been put in place, you need to be aware that there is always a risk of contracting the COVID-19 virus and/or other airborne infectious diseases. There is no guarantee that you will not become infected. If you do not adhere to these safeguards, it may result in immediate changes in our meeting arrangement.

**By signing below, you are agreeing to the following:**

**Please initial each to indicate that you understand and agree to these actions:**

\_\_\_\_\_ I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

\_\_\_\_\_ I further acknowledge that Lenny Gallo, LCSW has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19 and I agree to abide by the new "Office Measures" listed above.

\_\_\_\_\_ I further acknowledge that Lenny Gallo, LCSW cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to staff, clients, and their families.

\_\_\_\_\_ I voluntarily seek services provided by Lenny Gallo, LCSW and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

\_\_\_\_\_ I am not experiencing any symptom of illness. Symptoms can include recent onset of one or more of the following: body aches, loss of smell or taste, headache, diarrhea, vomiting, coughing, shortness of breath, difficulty breathing, fever, chills, sore throat or any newly discovered health symptom associated with any contagious virus.

\_\_\_\_\_ I have not traveled internationally within the last 14 days.

\_\_\_\_\_ I have not traveled to a highly impacted area within the United States of America in the last 14 days.

\_\_\_\_\_ I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\_\_\_\_\_ I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

\_\_\_\_\_ I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

\_\_\_\_\_ I agree to only come to an appointment when I am symptom free and have been symptom free for a period of 14 days. I understand that if I appear to be physically ill at an appointment, I may be required to leave immediately and understand I will be contacted to reschedule our appointment, possibly temporarily involving another form of communication.

\_\_\_\_\_ If I have been exposed to, shared a workspace or living arrangement with a person infected by COVID-19, I will immediately disclose the information in advance of our appointment time by phone or email and we will work together to set up a new meeting time or possible alternative means of communication.

The above precautions will be adjusted, if additional local, state or federal orders or guidelines are published. If that happens, the content may be subject to change, and we will review the changes.

### **Informed Consent**

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together. Your signature below shows that you agree to these terms and conditions.

- I hereby release and agree to hold Lenny Gallo, LCSW harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from Lenny Gallo, LCSW. I understand that this release discharges Lenny Gallo, LCSW from any liability or claim that I, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Lenny Gallo, LCSW.

**Your signature below indicates that you have read this Agreement and agree to the terms.**

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

Date: \_\_\_\_\_