



## COVID-19 Safety Measures, Policies, and Procedures and Informed Consent

Lillybrook Counseling Services has instituted a COVID-19 Preparedness and Response plan. Lillybrook aims to protect its workforce and clients by enacting all appropriate prevention efforts. We are continually monitoring guidance from local, state, and federal health officials and implementing workplace and plan modification(s) where appropriate.

Anyone with questions is encouraged to contact the Administrative Director or Owner via phone at (248)250-6620 and/or email at [contact@lillybrookcs.com](mailto:contact@lillybrookcs.com) or [jlilly@lillybrookcs.com](mailto:jlilly@lillybrookcs.com) respectively.

We have made it a top priority to create an environment, as well as policies and procedures, based on expert recommendations, that will allow you to continue to receive the high quality care you need and deserve in the safest manner possible. You are not required to receive services in-person and may elect to receive services via telehealth or pause your treatment until in-person care is deemed less risky.

When considering in-person care, we urge you to use an abundance of caution in your decision-making processes. There are many risks associated with in-person care including but not limited to life and health. In-Person care must be weighed against the potential risk therefore, telehealth services remain a recommended service in our fight against COVID.

Your therapist reserves the right to decline in-person care if the justification for in-person care does not meet the criteria required.

Below is a summary of some of the steps and protocols we have put into place to mitigate risk and promote safety.

1. Screening all patients and staff for COVID-19 symptoms prior to their appointment and when they arrive.
  - a. ***Anyone demonstrating symptoms will have their appointment rescheduled. All cancellation fees will be waived in connection to COVID-19.***
    - i. Symptoms include but are not limited to
      1. Fever
      2. Cough
      3. Shortness of breath
      4. Loss of taste and/or smell
      5. Sore throat
      6. Gastrointestinal issues
    - ii. Any known or possible exposure to COVID-19 will result in rescheduling the appointment to telehealth or another day and time.
  - b. In the event you or your therapist are experiencing symptoms related to COVID-19 we're glad to offer your session to you via telehealth, as long as either party remains medically capable.
2. Reduced capacity in the waiting room.
  - a. No friends or family in the waiting room or clinical areas unless deemed necessary and appropriate by your therapist.
3. Requiring all unvaccinated staff and patients to wear a mask during visits.

4. Maintaining a handshake free zone.
5. Maintaining 6ft of physical distance between people throughout our facility.
6. Disinfection and cleaning protocols throughout the day based on CDC guidance.
  - a. Disinfection of chairs, tables, and other furniture throughout the facility.
7. Hand sanitizer is available throughout the facility
8. No food or drink allowed in the suite.
9. Electronic paperwork processing via the patient portal.
10. We encourage you to authorize our “Credit Card on File” option to reduce the need of currency exchange.

We realize that some of these measures may be a bit of an inconvenience, but the health and safety of you and our staff are always our highest priority. If you feel you are unable to accommodate these policies, we ask that you continue your treatment remotely through telehealth procedures. Your therapist reserves the right to cancel your session in the event there has not been proper screening or if it is determined that COVID-19 symptoms are present.

Unless expressly stated, this consent does not override any previous consent.

***I understand the risks related to COVID-19 and in-person/face-to-face sessions. I acknowledge that I am not required to receive services in-person and may continue to receive service via telehealth or pause my treatment until face-to-face session are deemed less risky. Furthermore, I agree to follow the above policies and procedures as stated or I may be terminated from services at Lillybrook Counseling Services.***

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Signature

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Date

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Witness (if not signed on patient portal)

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Date

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