

In-Office Appointments

As the Covid-19 health crisis continues, Insight Therapy Group has maintained a hybrid model offering both telehealth and in person appointments. If you choose to attend appointments in person, it is important that you understand the risks. The decision on whether to continue appointments through telehealth or in-office is the sole choice of each client. Pending insurance coverage, Insight Therapy Group will continue to offer telehealth appointments for those clients who do not want to be seen in-office.

Despite the precautions that Insight Therapy Group takes in order to keep the waiting room, provider offices and any other areas of the building clean, there is always the potential for a client to contract a virus as a result of attending an in-office appointment. Providers will not see clients in-office if they are showing any signs or symptoms consistent with those experienced by someone who has contracted Covid-19. It is important for clients to understand that an individual may have Covid-19, but be asymptomatic, meaning they show no signs of symptoms of having Covid-19. If a client chooses to resume in-office sessions, they acknowledge and understand that there is a potential to acquire Covid-19 as a result of attending the appointment.

By signing this form, I acknowledge and understand that there is a possibility I may acquire Covid-19 as a result of attending an in-office appointment at Insight Therapy Group. I waive all claims against Insight Therapy Group, owners, employees, officers, supervisors, agents or insurers ("Released Parties") for any injury, damages, losses, expenses, or disease contraction, which may result from my in-office appointment. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by the Released Parties, as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in an in-office appointment.

Name of Client

Signature of Parent/Guardian/Client

Date