



CRISALIDA

CHILD, ADOLESCENT, ADULT & FAMILY THERAPY

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## **3G - INFORMED CONSENT FOR DIRECT SERVICE - COVID-19**

### **What is the purpose of this form?**

The purpose of this form is to provide information to you about potential risks associated when a therapist or support worker provides a direct service to you during the COVID-19 pandemic, and to obtain your consent to participate in, a face to face service. Whilst we will take all efforts to make this a safer environment we require informed consent to proceed with any face to face direct service by Crisalida therapists or support workers.

### **What are the risks?**

The therapist, support worker or client's exposure to COVID-19 and potential infection from one person to another.

### **What steps will be taken by the therapist or support worker to reduce these risks?**

- A history of the therapist / support worker's exposure risk level will be explained to the client.
- Other places of work and number of face to face sessions with other clients explained to the client
- Hand sanitising and hand cleaning hygiene before and after sessions practised at all times
- Equipment cleaning before and after each session
- Wearing of face masks and face shield where possible
- Physical distancing where possible of 1.5 metres
- If displaying any COVID-19 symptoms or waiting for test results – you will be contacted as soon as possible, face to face appointment/s will be cancelled and therapist or administration staff will discuss alternatives (e.g. telepractice) if appropriate.
- Holding sessions outside where possible
- Downloading the COVIDSafe app (**recommended**)

### **What steps are to be taken by the client to reduce these risks?**

- Hand sanitising on entry and exit from practice premises/before and after sessions
- Wearing of face masks - surgical grade recommended (unless infant or child under 12 years old)  
<https://www.dhhs.vic.gov.au/face-coverings-covid-19#exceptions-for-not-wearing-a-face-covering>
- Physical distancing where possible of 1.5metres
- A history of exposure risk to people given prior to appointment
- If anyone in household with COVID-19 symptoms or waiting for test results - cancel appointment
- Downloading the COVIDSafe app (recommended)
- Minimise the amount of people in the room (maximum of one adult/carer attending with child unless arrangements have been made in advance with your therapist)

### **Will my privacy be protected?**

This practice is subject to the Privacy Act 1988 and must comply with obligations related to the collection, use and disclosure of personal information, including through the COVID -19 Pandemic. The therapist must maintain confidentiality and privacy standards during sessions, and in creating, keeping and transmitting records.

### **What does informed consent mean?**

There are a few important principles related to informed consent:

- You must be given relevant information. Ask your therapist if you have questions about the risks of the services offered.
- You have the right to understand the information. Ask your therapist if you do not understand.
- You have the right to choose. If you do not agree to direct service, you may refuse to participate. You may agree to or refuse specific activities and procedures.
- You have the right to stop using direct service anytime. You can change your mind about direct service or a specific activity or procedure, even in the middle of a session.



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- You can agree or refuse in writing or verbally. You may give your consent using the form below. You may also give consent or change your mind by telling the therapist. Consent and refusal that you give verbally will be documented by the therapist.
- You can ask about alternatives to direct service. If you refuse or change your mind about direct services, your therapist will discuss any other options with you. The therapist may or may not be able to offer alternative services.

**Written consent form:**

- I agree to receive services directly during the COVID-19 pandemic, adhere to the Victorian Government restrictions and understand the risks associated.
- I agree to immediately inform my therapist or support worker if my exposure to a person with COVID-19 changes.
- I agree to inform my therapist or support worker if anyone in my family or a direct contact has symptoms of COVID-19 or feels unwell. If so I will cancel my appointment.
- I understand that I may agree or refuse any service or part of a service at any time. I can agree or refuse in writing or verbally.

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please print full name of client

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please print full name of client's legal representative / parent / carer

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signature

date

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NAME OF THERAPIST or SUPPORT WORKER

More information regarding COVID-19 can be found here from the department of health:

<https://www.health.gov.au/sites/default/files/documents/2020/07/coronavirus-covid-19-living-well-in-the-covid-19-pandemic.pdf>

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

<https://www.dhhs.vic.gov.au/how-stay-safe-and-well-covid-19>