

## Covid-19 Return to In-Person Considerations

Practitioners have changed the way they practice as a result of the pandemic, which seems to be moderating, and once again, practitioners will be returning to practice in their offices. Innumerable issues surely will arise as a result of the transition back to in-person treatment. A continued and likely increase in the use of telehealth is to be expected, but the return to the office is certain. Because all of this is new, unique and ever-changing, it is sometimes difficult for practitioners to navigate. It is important for practitioners to be aware of the resources available online – which comes from the several state and national professional associations representing the various mental health professions, as well as from governmental entities, both state and local, including licensing and public health authorities. This information is likely to change over time.

As stated above, innumerable issues can arise. For example, suppose a practitioner decides to return to an office setting. Is the practitioner vaccinated? Must the practitioner disclose to patients that they have been vaccinated or that they are unvaccinated? If unvaccinated, is it necessary for the practitioner to wear a mask? Is it permissible to require patients to present proof that they have been vaccinated? If a patient says that they have been vaccinated and that they have lost their proof, is it permissible for the practitioner to refuse to provide in-person treatment or would that impermissibly impugn the character of the patient?

There is no end to the questions that may or will arise. Some circumstances may require legal consultation. Other circumstances may be resolved by the exercise of sound judgment (perhaps after conversations with colleagues), which should be informed, at a minimum, by the resources referred to above. Hopefully, these extraordinary conditions for patients and practitioners alike, will soon end, or at least significantly lessen.

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