

Informed Consent for In-Person Services during Covid-19 Public Health Crisis

This document contains important information about our decision (yours and mine) to resume in-person services in light of the public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an agreement between us.

Decision to Meet Face-to-Face

We've agreed to meet in-person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, I may require that we meet via telehealth. If you have concerns about going back to telehealth, we'll talk about it first and try to address the issue. You understand that, if I believe it is necessary, I may determine that we return to telehealth for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, I will respect that decision, as long as it is clinically appropriate. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

- You will only keep your in-person appointment if you are symptom free.
- You will need to wait in your car or outside (or designated safer waiting area) until no earlier than 5 minutes before our appointment time.
- You will need to wash your hands or use hand sanitizer when you enter the building.
- You will need to adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit.
- You will need to wear a mask in all areas of the office (I and my staff will too).
- You will need to keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands with me or staff).
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. We have the right to interrupt the session if protocols not being enforced.
- You will take steps between appointments to minimize your exposure.

- If you have a job that exposes you to those who are infected, you will let me, and my staff, know.
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me and my staff know.
- If a resident of your home tests positive for the infection, you will immediately let me and my staff know and we will then begin or resume treatment via telehealth.

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the virus within the office and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

If You Are Sick

You understand that I am committed to keeping you, myself, my staff, and all of our families safe from the spread of this virus. If you show up for an appointment and I, or my staff, believe that you have a fever or other symptoms, or believe you have been exposed, we will not be able to have our scheduled appointment. We will be able to follow up with services by telehealth as appropriate.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, I will be required to notify local health authorities that you have been in the office. If that does occur, I will only provide the minimum information necessary for their data collection and will not go into any details of the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

If I, or my staff, test positive for the coronavirus, I will notify you immediately in order that you can take appropriate precautions.

Informed Consent

This agreement supplements to 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.

Patient/Client

Date

Therapist

Date