



INFORMED CONSENT FOR IN-PERSON SERVICES DURING THE COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about the decision to begin/resume in-person services in light of the COVID-19 public health crisis. The decision is based in part on recommendations by the Center for Disease Control (CDC), but other factors may be considered. Some of these include but are not limited to: whether we and our families have been vaccinated, our health or the health of those we are in close contact with, and risk of exposure outside of this setting. There may be other concerns that we can talk about. Please read this carefully and let me know if you have any questions.

Decision to Meet Face-to-Face

We have 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 meeting through telehealth, we will talk about it first and try to address any issues. 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 using telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate to do so. Professional fees for in-person and telehealth services do not vary.

Risk 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 services.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone safer from exposure, sickness, and possible death. If you do not adhere to these safeguards, it may result in our starting a telehealth agreement. Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free. _____
- You will only keep your in-person appointment if you have been fever free for a minimum of 10 days prior to our appointment. _____
- You will cancel your appointment if you have been in contact with someone who has tested positive within the last 14 days. _____
- You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. _____



- You will wait in your car or outside until no earlier than 5 minutes before our appointment time. _____
- You will wear a mask in all areas of the office. _____
- You will take steps between appointments to minimize your exposure to COVID. _____
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then reschedule appointments as necessary. _____

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

My Commitment to Minimize Exposure

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

If You or I Are Sick

You understand that I am committed to keeping you, me, and all of our families safe from the spread of the virus. If you show up for an appointment and I believe that you or a family member have a fever or other symptoms, or believe you have been exposed, I will require you to leave the office immediately.

If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions, and future sessions will be rescheduled as necessary.

Your Confidentiality in the Case of Infection

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

Informed Consent

This agreement supplements the general Notice of Privacy Practices/Outpatient Services Agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

Signature indicates Receipt and understanding of policy

Date



OFFICE SAFETY PRECAUTIONS IN EFFECT DURING THE PANDEMIC

My office is taking the following precautions to protect our patients and help slow the spread of coronavirus:

- Office seating in the waiting room and in therapy rooms has been arranged for appropriate social distancing.
- I wear a mask in the office.
- Restroom soap dispensers are maintained, and everyone is encouraged to wash their hands.
- I schedule appointments at specific intervals to minimize the number of people in the waiting room.
- I ask all patients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
- Credit card pads, pens and other areas that are commonly touched are thoroughly sanitized after each use.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected at the end of each day.