

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 ongoing 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 for the *duration of the Covid-19 Public Health Crisis*.

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 cease in-person meetings and I will offer instead to meet via telehealth. 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 potential exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Those in a group at high-risk for severe illness from Covid-19, or have regular contact with someone in this group, are encouraged to follow "safer at home" orders until Phase III re-opening. The Center for Disease Control recommends that high-risk individuals delay all non-urgent in-person services until approved by their medical provider. According to the CDC, high-risk is currently defined, but not limited to the following categories:

- Those 65 years or older
- Chronic lung disease or moderate to severe asthma
- Diabetes
- Obesity
- Compromised immune system especially due to cancer treatment, bone marrow or organ transplant, chronic kidney, heart or lung disease, dialysis treatment

Your Responsibility to Minimize Your Exposure

To obtain services in-person, you agree to take certain precautions which will help keep everyone (you, me, office mates, other patients and all of our families) safer from exposure, sickness and possible death. Your failure or refusal to adhere to these safeguards may result in our starting or returning to a telehealth arrangement. *In addition, if you are not taking the agreed upon precautions during our session, and we cannot resolve this issue, your session will be terminated, and you will be held responsible for the payment of the remainder of the time set aside for you which will not be insurance reimbursable.*

You must initial each of the following to indicate that you understand and agree to these actions:

- _____ You will only keep your in-person appointment if you are symptom free and do not suspect that you may have been recently exposed to Covid-19 or other communicable illness.
- _____ If your temperature is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I will not charge you my usual cancellation fee.
- _____ Upon your arrival to the office, you will
- a. Text me to inform me that you are ready for your appointment and that you are symptom-free (e.g., "I'm here and healthy.").
 - b. You will wait in your car or outside the building until I respond to your text,
 - c. After I respond to your text or call, you should enter the office building and clean your hands. We suggest using the bathrooms on the first floor, which will not be locked; as a backup, hand sanitizing stations are available in the hallway outside our suite by the elevator.
 - d. Please enter the suite and proceed directly to my office.
- _____ You (*and your child*) will wash your hands or use hand sanitizer when you *enter my office suite and again upon entering my office if you have touched any surfaces*. We have hand sanitizer in the building entry, in the waiting room and in my office.
- _____ You (*and your child*) will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy rooms. For example, you will not move chairs or sit in areas other than those designated for very brief waiting.
- _____ You (*and your child*) will wear a mask in all areas of the office (all office staff including myself will too). *If your child is in my office without you for an appointment, I will remind them of this rule and direct them to put on their mask*. Please bring a mask for yourself (*and your child*).
- _____ You (*and your child*) will keep a distance of six feet and there will be no physical contact (e.g. no shaking hands) with me or others in the office. *If your child is in my office without you for an appointment, I will remind them about appropriate social distancing. I plan on having physical reminders, such as a table placed between us or markings on the floor to help with this*.
- _____ You (*and your child*) will try not to touch your face or eyes with your hands. If you do, you will wash or sanitize your hands. *If your child is in my office without you for an appointment, I will remind them of this rule and direct them to sanitize their hands*.
- _____ You will not bring anyone into the building other than yourself (*and your child if the child is the patient, or your partner for couples therapy*). Only one parent will accompany a child into the building. No siblings, other relatives or friends should come into the building.
- _____ Your child will never be left unattended in the building and you will ensure that your child follows all of these sanitation and distancing protocols.
- _____ You will take actions between appointments to minimize your exposure.
- _____ If you have a job that exposes you to those who are infected, you will let me know.
- _____ If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know.
- _____ If a resident of your home *or within your "Covid Social Bubble"* tests positive for the infection, you will immediately let me know and discuss options for treatment via telehealth.

_____ **Your Confidentiality in the Case of Infection:** If you, I, or any other client or clinician in the office have tested positive for the coronavirus, I may be required to notify local health authorities such as the Health Department or CDC, that you have been in the office. If I am required to report this, I will only provide the minimum information necessary for their data collection and will not provide any other identifying information or 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.

I may change the above precautions if additional professional, 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 *office suite* has taken steps to reduce the risk of spreading the virus within the office and we have posted our efforts in the office. *This includes having chairs six feet apart, more frequent cleanings, hand sanitizing stations and cleaning of my office before and after each client using CDC approved disinfectant methods.* 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, my office mates, other patients and all of our families safe from the spread of this virus. If you, (*or your child*) show up for an appointment and I believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. *You will not be charged for this session.* We can follow up with services by telehealth as appropriate.

If I or any clinicians from my office test positive for the coronavirus, I will notify you so 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 Name

Date of Birth

Patient Signature

Date

Parent or Guardian Signature

Date

Therapist Signature

Date