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

This document contains important information about our decision to resume in-person services in light of the COVID-10 public health crisis. Please read this document carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

Decision to Meet Face-to Face

We have agreed to meet for some or all future sessions. If there is a resurgence of the pandemic, or if other health concerns arise, I may ask that we 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 have concerns about meeting through telehealth, we will talk about it first and try to address any issues.

If you decide at any time you would feel safer staying with, or returning to, telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. Please be aware that insurance companies may impose conditions for telehealth, and while I will try and stay informed of this, payment is your ultimate responsibility.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions, which will help keep everyone, including you, me, our families, and other clients, safer from exposure, and sickness. If you do not adhere to these safeguards, it may result in the need to place meetings on hold, contacting counsel and/or the Court (in court related matter only), advising of same. Initial each bullet point below to indicate you understand and agree to these actions:

- You understand by scheduling any in person appointment, the exposure to coronavirus or other public health issues may be a possibility. _____
- You will only keep your in-person appointment if you are symptom free. _____
- Your temperature will be taken prior 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 and reschedule using telehealth, if it is clinically appropriate. You will not be charged a cancellation fee. _____
- As the waiting room will be closed, you will proceed directly to my office at your appointment time. _____
- You will wear a mask and/or clear face shield (provided) in all areas of the office. _____

- A distance of a minimum of 6' will be kept at all times, and there will be no physical contact between us, i.e., handshakes, etc. _____

- You will attempt to not touch your face or eyes with your hands. If you do, you will be asked to wash and/or sanitize your hands. _____

- If you are bringing your child(ren), you will ask your child(ren) to follow all of these sanitation and distancing protocols. _____

- If you believe you have been exposed to COVID-19, under any circumstances, you will notify this office. _____

The above precautions may be modified if additional local, state or federal orders or guidelines are published. If this occurs, we will discuss any necessary changes.

My Commitment to Minimize Exposure

The office will be cleaned every night by the building maintenance people. I will sanitize my patient office chair between every patient. An air purification system has been installed in my office. Please let me know if you have any questions.

If You or I are Sick

If you arrive for an appointment and I believe you have a fever or other symptoms, or believe you have been exposed, I will ask you to leave and we will make arrangements to reschedule.

Your Confidentiality in the Case of Infection

If you have tested positive for COVID-19, 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 your 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 Informed Consent/Business/Retainer Agreement that we agreed to at the beginning of our working together.

Your signature below confirms you agree to the above terms and conditions.

_____ _____

Patient/Client Date

_____ _____

Psychologist Date