

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

We remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 (or other public health risk) in our office. This risk may increase if you travel by public transportation, cab, or ridesharing service. If, at any point, you prefer to stop in-person services or consider transitioning to telehealth services, please let me know.

Your Responsibility to Minimize Exposure

In order for me to provide you with in-person services, the following protocols must be followed by patients/clients, PCA staff, and providers in order to keep everyone safer. Failure or refusal to adhere to these safeguards may result in our starting/returning to a telehealth arrangement.

- You agree not to present for in-person appointments if you have a temperature over 100 degrees Fahrenheit, cough, shortness of breath, or any other symptoms that suggest you may be sick or if you have been exposed to another person who is showing signs of infection or has confirmed COVID-19).
- Social distancing requirements must be met, meaning that you must maintain a 6-foot distance from others while in offices, waiting rooms, and other areas.
- Masks are required to wear while in the office.
- Hand sanitizer will be provided and must be used upon entering the office. Hand washing upon entering the building is a good alternative.
- There will be no physical contact with others in the office.
- You will wait in your car or outside (staying at least 6 feet from others) until no earlier than 5 minutes before our appointment time.

- If you bring your child or other dependent, you will make sure that your child/dependent follows all of these protocols.

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 the risk of spreading the virus within the office and we have posted our efforts on our website and in the office. All staff and therapists will adhere to same precautions as listed above. Let me know if you have any questions.

If you or I Are Sick

You understand that I am committed to keeping you, me, PCA staff and all of our families, and other patients safe from the spread of this virus. If you show up for an appointment and I or PCA staff 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. We can follow up with services by telehealth as appropriate. You will not be charged if you need to cancel due to feeling sick or having any coronavirus symptoms. If I, or PCA staff test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

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 of 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 is a supplement to the general informed consent/business agreement that we agreed to at the start of our work together.

Your signature below shows that you acknowledge that you understand that there is still a potential risk of exposure and that you agree to follow the safety protocols outlined above in order to engage in in-person services.

Patient/Client

Date

Therapist

Date