



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 at Psychotherapeutic Resources in light of the COVID-19 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 official agreement between us.

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 staying with, or returning to, telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate.

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). Psychotherapeutic Resources or my therapist are not liable for exposure or any symptoms from that exposure. This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, [my other staff] and other patients) safer from exposure, sickness and possible death. If these safeguards are not met, it may result in our starting/returning to a telehealth arrangement. Initial each to indicate that you understand and agree to these actions:

- I will only keep my in-person appointment if I am symptom free. ____
- I will take my temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if I have other symptoms of the coronavirus, I agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. ____
- I will wait in my car or outside until no earlier than 5 minutes before our appointment time. ____
- I will use alcohol-based hand sanitizer when I enter the office. ____
- I will adhere to the safe distancing precautions we have set up in the waiting room and therapy room. For example, I won't move chairs in the waiting room. ____
- I will practice social distancing and there will be no physical contact (e.g. no shaking hands) with me [or staff]. ____

- I will try not to touch my face or eyes with my hands. If I do, I will immediately wash or sanitize my hands. ____
- If I am bringing my child, I will make sure that my child follows all of these sanitation and distancing protocols. ____
- I will take steps between appointments to minimize my exposure to COVID. ____
- If you have a job that exposes you to other people who are infected, you will immediately 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] resume treatment via telehealth. ____

The above precautions may change 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

Psychotherapeutic Resources has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts 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, [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 office 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.

If I [or my 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 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 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/Guardian Signature

Date

Print Name

Therapist

Date



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

- Office seating in the waiting room and in therapy rooms has been arranged for appropriate physical distancing.
- My staff maintains safe distancing.
- Hand sanitizer that contains at least 60% alcohol is available in the therapy rooms and at the reception counter.
- We schedule appointments at specific intervals to minimize the number of people in the waiting room.
- We 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.
- Physical contact is not permitted.
- 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.