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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 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. 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 exposure to the coronavirus (or other public health risk). 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, our families, my other staff, and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement. 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 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 or proceed using telehealth. 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 wash your hands or use alcohol-based hand sanitizer when you enter the building. ____
- You will adhere to the safe distancing precautions we have set up in the testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit. ____
- You will wear a mask in all areas of the office (I will too). ____
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me. ____
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. ____
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. ____

- You will take steps between appointments to minimize your 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 your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me and my staff know. ____
- If you or a resident of your home tests positive for the infection, you will immediately let me and my staff know. We will then resume treatment via telehealth or reschedule your assessment to a later time. ____

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 coronavirus within the office and we have shared these with you in writing through the secure client portal. 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 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 (Ages 12 and older)

Date

Parent or Guardian (for clients under 18 years of age)

Date

Office Safety Precautions in Effect During the Pandemic

We are committed to providing quality patient care, and which includes the health and safety of our clients and our staff. As such, we have made some changes to in-office appointments as a result of COVID-19 in order to maintain quality safety standards.

Please cancel your appointment if you are feeling sick. You will not be charged a late fee for cancellations due to illness. Prior to your appointment, our office will contact you for screening purposes. You will be asked these same questions when you come to the office for your appointment. We request that you cancel your appointment in the event that:

- You or someone in your household is experiencing fever or any cold symptoms, and/or
- You or a member of your household has been in contact with someone who has tested positive for coronavirus in the past month.

We request that you wear a mask while in the office and during your assessment. Your clinician will also be wearing a mask during this office visit. Your clinician will avoid shaking hands to greet you during this time.

We will ask you to wash your hands with soap for at least 20 seconds when you enter the building prior to your session. Please remember to avoid touching your face.

Appointments will be managed to allow for social distancing between patients. That might mean that you are offered fewer options for scheduling your appointment.

Please note that we are in a building with tenants who are not affiliated with our practice, and we cannot control the behaviors of others in the building. Therefore, we ask that only one person be present in the testing/therapy session in order to limit patients who are in the waiting area or other public areas of the building. If a parent or driver is accompanying a client to the appointment, we ask for that person to wait in the car or in an alternate location rather than the public waiting area. Your therapist will contact you (or your designated contact) via phone when the appointment has ended to arrange for pick up.

Our office will no longer offer children's toys and manipulatives since those items are difficult to clean and disinfect. We will be sanitizing and disinfecting testing materials and door handles between sessions.

We look forward to seeing you and are happy to answer any questions you may have about this process. We greatly appreciate your patience and cooperation in keeping our clients, staff, and clinicians safe and healthy.

Respectfully,

Lisa Konick

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