



Consent for In-Person Services During Covid-19 Public Health Crisis

The following contains important information about the decision you and I have made to resume in-person services during the Covid-19 public health crisis. This decision requires each of us to meet certain guidelines that support our safety. Please read this information carefully and let me know if you have any questions.

When you sign this document it means that we have made an agreement with each other.

Face to Face Sessions

Consistent with the memo forwarded to you in June, 2020, it is the policy of this practice to render all therapeutic services via telehealth platforms. (See attached). Exceptions to that policy are made in the case of emergencies or when one of our patients cannot effectively participate in treatment on a telehealth platform. Based on our conversation and my understanding of your current treatment needs I am willing to meet in person for some or all future sessions under certain conditions.

If there is a resurgence of the virus or if other health concerns arise I may require that we meet via telehealth. If you decide at any time that you would feel safer staying with or returning to telehealth services I will respect that decision so long as it is feasible and clinically appropriate. Reimbursement for telehealth services is determined by your insurance companies and applicable law: that is an issue we may need to discuss.

Office Safety Precautions During the Pandemic

1. The scheduling of appointments (in the cases of emergency or need) are being done in a way that strictly limits the number of persons in the office. This means that our meeting days and times will most likely be different from those in the past.
2. Sessions will be 45 minutes in length to allow for sanitizing between sessions.
3. Please do not arrive earlier than five minutes before your appointment time.
4. Doorknobs and commonly touched items will be sanitized before each session.
5. Each of us will wear a mask during our session and will maintain social distancing of at least six feet. We will not have any physical contact.
6. As you enter the inner office please use the hand sanitizer on the window ledge. I will wash my hands for 20 seconds before each session.
7. Please do not bring another person to the appointment unless prior arrangements were made with me.

Shared Responsibilities in Effect During the Pandemic

1. We will meet for scheduled in-person appointments so long as neither of us is experiencing any of the following:
 - fever, chills, fatigue, cough
 - loss of taste or smell, body aches, muscle pain, headache
 - breathing difficulties, sore throat, neck pain, loss of appetite
 - metallic taste in the mouth, rash on hands or feet, intestinal upset
2. If either of us is exposed to anyone who has tested positive for Covid-10 we will *immediately* let each other know.
3. If anyone in our family, work life or social life has Covid-19 symptoms we will *immediately* let each other know.
4. If you come for an appointment and I believe that you are ill or have been exposed I will require that you immediately leave the office. We will follow up with telehealth appointments as appropriate.

Confidentiality in the Case of Infection

If you have tested positive for the virus I may be required to notify local health authorities that you have been in the office. If I have to make this type of report I will provide only minimum information for data collection and will not provide any information about the reason(s) for our meeting. By signing this form you are agreeing that I may do so without additional signed release.

Informed Consent

This agreement supplements the general informed consent that we agreed to at the start of our work together.

Your signature indicates that you agree to and will follow the conditions set forth in this document.

Patient

Date

Witness

Date