

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 inperson 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 explore. Some insurance carriers will not reimburse for telehealth services outside of states' declaring a state-of-emergency.

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, and our families, 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 arra

ang	gement. 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 [or in a designated safer waiting area] 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

Your signa	ature below shows that you agree	e to these terms and conditions.
	ature below shows that you agree	. to the contours and sound:
_		nformed consent/business agreement that we agreed to at
If you have necessary	been in the office. If I have to y for their data collection and wil	on irus, I may be required to notify local health authorities that report this, I will only provide the minimum information II not go into any details about the reason(s) for our visits. I may do so without an additional signed release.
If I [or my precautio		onavirus, I will notify you so that you can take appropriate
the sprea have a fev	erstand that I am committed to ke ad of this virus. If you show up for ver or other symptoms, or believe	eeping you, me, [my staff] and all of our families safe from r an appointment and I [or my office staff] believe that you e you have been exposed, I will have to require you to leave with services by telehealth as appropriate.
-	ange the above precautions if add. If that happens, we will talk abo	additional local, state or federal orders or guidelines are out any necessary changes.
wii Yo Wa If y an Yo If y (b)	ith me [or staff] ou will try not to touch your face of ash or sanitize your hands you are bringing your child, you wind distancing protocols ou will take steps between appoint you have a job that exposes you to be [and my staff] know your commute or other responsible eyond your family), you will let me a resident of your home tests pos	vill make sure that your child follows all of these sanitation the three that your exposure to COVID
yo • Yo	esting/therapy room. For example, ou not to sitou will wear a mask in the waiting	, you won't move chairs or sit where we have signs asking areas of the office (I [and my staff] will too).
. •		ng precautions we have set up in the waiting room and



Office Safety Precautions in Effect During the Pandemic

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/testing rooms has been arranged for appropriate physical distancing.
- My staff and I wear masks.
- My staff maintains safe distancing.
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
- Hand sanitizer that contains at least 60% alcohol is available in the therapy/ testing rooms, the waiting room and at the reception counter.
- 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.