

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about the decision to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and contact the clinic if you have any questions. When you sign this document, it will be an official agreement.

Decision to Meet Face-to-Face

Your visits, *if warranted by clinical pre-screening*, may be carried out in-person for some or all future care. If there is a resurgence of the pandemic or if other health concerns arise, however, the clinic may require meeting via telehealth exclusively. If you have concerns about meeting through telehealth, these should be addressed at the time of scheduling. You understand that, if it is deemed clinically necessary, we may 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, this will be an option so as long as it is feasible and clinically appropriate. Reimbursement for telehealth services is determined by the insurance companies and applicable state law.

Risks of Opting for In-Person Services

You understand that by coming to the clinic, 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, your provider, our families, 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 the normal late 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. _____
- You will adhere to the safe distancing precautions we have set up in the clinic and in the exam room. For example, you won't move chairs or sit where we have signs asking you not to sit. _____
- You will wear a mask upon entering and for the duration of your time inside the clinic. _____
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with staff or your provider (unless physical treatment or exam is necessary). _____
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. _____
- No one is to accompany you to your visits, with exception of a parent in the case of a minor's appointment, or a child in the case of an appointment for an elderly patient.
- 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 your provider and/or their clinic staff know. _____
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will notify clinic staff. _____
- If a resident of your home tests positive for COVID-19, you will immediately notify the clinic and we will then begin or resume treatment via telehealth. _____

Any of the above precautions may change if additional local, state or federal orders or guidelines are published.

Our Commitment to Minimize Exposure

Our clinic has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please contact the clinic if you have questions about these efforts.

If You or the Provider Are Sick

You understand that we are committed to keeping you, all clinical staff, and all of our families safe from the spread of this virus. If you show up for an appointment and clinical staff believe that you have a fever or other symptoms, or believe you have been exposed, we must require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If your provider or any clinical staff test positive for the coronavirus, you will be notified so that you can take appropriate precautions and any follow up care can be switched to telemedicine.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, we are required to notify local health authorities that you have been in the office. In such an instance, we will only provide the minimum information necessary for their data collection and will continue to follow all HIPAA guidelines as they apply. By signing this form, you are agreeing that this information may be shared without an additional signed release.

Informed Consent

This agreement supplements the general informed consent that you have signed as a new patient.

Your signature below shows that you agree to these terms and conditions.

Patient/Client

Date

Dr./Provider

Date