

# **CONSENT FOR IN-PERSON SERVICES**

This document contains important information about the decision (yours and your therapist's) to begin or resume in-person services considering the COVID-19 public health crisis. Please read this carefully and let us know if you have any questions. When you sign this document, it will be an official agreement between you and Pike Creek Psychological Center (PCPC).

## **Decision to Meet Face-to-Face**

You 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, your therapist may require that you meet via telehealth. Of course, you can address any concerns you may have about that with your therapist at that time.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, your therapist will respect that decision, if 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 you 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 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. You will only keep your in-person appointment if you are symptom free.
- We prefer that only the person or people who will participate in the appointment are to enter the office. All other family members or friends who enter the office must be vaccinated.
- If you have NOT been vaccinated, you agree to the following
  - If you have been exposed to covid you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, you will not be charged the normal cancellation fee.
- You will adhere to safe distancing precautions.
- You will wear a mask in all areas of the office (your therapist will also)
- You will keep a safe distance and there will be no physical contact (e.g., no shaking hands or hugging) with your therapist or staff.
- If you are bringing your child, you will make sure that your child follows sanitation and distancing protocols.
- You will take steps between appointments to minimize your exposure to COVID.
- If you have been exposed to someone who tests positive for the infection, you will immediately let your therapist and/or our staff know, and we will then begin or resume treatment via telehealth.

We 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.

## Our Commitment to Minimize Exposure

Our practice 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 let us know if you have questions about these efforts.

## If You or I Are Sick

You understand that we are committed to keeping you, your therapist, our staff, and our families safe from the spread of this virus. If you show up for an appointment and your

therapist or our office staff believe that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If your therapist or any or any our staff test positive for the coronavirus, we 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, we may be required to notify local health authorities that you have been in the office. If we report this, we 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 \* \_\_\_\_\_

Date \* \_\_\_\_\_

Signature \* \_\_\_\_\_

Date of Birth \* \_\_\_\_\_

## **Office Safety Precautions in Effect During the Pandemic**

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

- All therapists and staff who are not vaccinated wear masks and practice 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 rooms and at the reception counter.

- Clip boards, pens and other items 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 regularly.