

## INFORMED CONSENT for IN PERSON SERVICES

This document contains important information about our decision (yours and mine) to engage or 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.

The threat of COVID-19 is on-going throughout the United States. As a way to mitigate the risk of exposure, my practice has been offering services via telecommunications technology (i.e. telehealth). Use of telehealth reduces the need for individuals to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, in some situations, telehealth services may be deemed inadequate, and in-person services may be more appropriate.

### **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 utilizing telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate.

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. It is possible that a return to telehealth services will be necessary at some point based on consideration of health and safety issues. Such a decision

will be made in consultation with you, but I will make the final determination based on a careful weighing of the risks and applicable regulations.

### **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 other clients) safer from exposure and illness. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement.

Please initial each of the following to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free.
- I will take your temperature prior to entry to my office, if you have a temperature of over 100° you will be sent home and an option to meet via telehealth will be made available to you. If you do not have a fever we can meet as planned.
- If you have any symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth.
- Due to the size of my waiting room, adhering to safe distancing precautions is not possible. Therefore, if you arrive and there is already someone in the waiting room, please use the outside seating areas available, your car or outside the building. Text me you are here and I will text you when I am ready to meet and you can come directly up to the suite and into my office.
- You will wear a mask in the waiting room.
- Upon entering the office, you will use hand sanitizer to reduce the risk of exposure and cross contamination from petting my therapy dog Sadie.

- If you are accompanied by anyone else to your appointment, you will be responsible for ensuring that they follow all of these same guidelines.
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin/resume treatment via telehealth.

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.

These are the steps I currently have in place:

- Use of disinfectant sprays and wipes between each client in both the waiting room and my personal office.
- Availability to open the windows and turn on the fan for air movement.
- The current set up of my office meets guidelines for safe social distancing so that we can meet without wearing masks if you so desire.
- I have masks available for my use if that is your preference, however, if we are doing any EMDR reprocessing work you cannot be wearing a mask and we will need to discuss if doing so in-person or via telehealth is more appropriate at the time.
- Provision of hand sanitizer in the waiting room and in my office, the pump of which is cleaned between clients.
- Provision of disposable cups if you want water or coffee.
- Use of a medical grade, HEPA air purifier.

### **If You or I Are Sick**

You understand that I am committed to keeping you, me, and all of my clients 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 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 legally 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.

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. By signing, you acknowledge that you understand that there is still a potential risk of exposure and that you agree to follow the safety protocols outlined above in order to engage in in-person services.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Colette Lord, PhD.

\_\_\_\_\_  
Date