

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

This document contains important information about the decision to begin/resume in-person services in light of the COVID-19 public health crisis. Our decision is based in part on recommendations by the Center for Disease Control (CDC), but other factors may be considered. Some of these include but are not limited to: whether we and our families have been vaccinated, our health or the health of those we are in close contact with, and risk of exposure outside of this setting. There may be other concerns that can be discussed.

Please read this carefully and contact our staff if you have any questions. When you sign this document, it will be an official agreement between Alvord, Baker & Associates, and you.

### **Decision to Meet In-Person**

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, we may require that future meetings be held 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 your clinician believes it is necessary, they may determine that you 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, your clinician will respect that decision, as long as it is clinically appropriate.

### **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/Your Child's 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 cannot meet the criteria for in-person, you will notify clinician to switch to telehealth. Some groups may not be able to accommodate telehealth. If your preference is to cancel the appointment, 24 hour notice is required to avoid fees.**

### **Sign at the bottom to indicate that you understand and agree to these actions:**

- You will tell your clinician if you and your family members have been vaccinated.
- You will only keep your in-person appointment if you are symptom free.
- You will only keep your in-person appointment if you have been fever-free for a minimum of 24 hours prior to your appointment.

- You will switch to telehealth if you have been in contact with someone who has tested positive within the last 10 days.
- We will take your temperature upon arrival. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to proceed using telehealth.
- You will wait in your car or our waiting room until no earlier than 10 minutes before your appointment time.
- For group therapy, parents may be asked to wait in their vehicles after drop off and before pick up.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the office.
- You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you will not move chairs or sit where we have signs asking you not to sit.
- You will wear a mask in all areas of the office (Therapists and staff will as well).
- You will keep a distance of 6 feet from others in the office and there will be no physical contact (e.g. no shaking hands).
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.
- 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 let staff know.
- If you have traveled outside the region, you will let staff know.
- If a resident of your home tests positive for the infection, you will immediately let staff know and we will then continue treatment via telehealth.

Alvord, Baker & Associates 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. Our entire staff has been fully vaccinated. Please let us know if you have questions about these efforts.

### **If You or Your Clinician Are Sick**

You understand that we are committed to keeping you, the clinician, staff, and all our families safe from the spread of this virus. If you show up for an appointment and our staff note that you have a fever or other symptoms, we will have to require you to leave the office immediately and join via telehealth.

If one of our staff test positive for the coronavirus, we will notify you so that you can take appropriate precautions.

Most states have lifted their licensure requirements during the Public Health Emergency. It is unclear how long each state will continue. Due to post-pandemic state restrictions, it is required that your clinician be licensed in the state that you are located during your session. If your session must be moved to Telehealth you agree to remain in a state that your therapist is licensed or temporarily licensed.

### **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 must 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 your visits. By signing this form, you are agreeing that we 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(s) below indicates your agreement with all terms and conditions above.

If minor child, please print child's name below.

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Minor's Name (print)

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Signature of Client (or in case of minor, Parent/Guardian signature 1)

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Date

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Print full name of Client or Parent/Guardian 1

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Signature of Client (or in case of minor, Parent/Guardian signature 2)

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Date

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Print full name of Client or Parent/Guardian 2