

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

This document contains important information about our decision (yours and Clarity's) to begin 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 parties.

#### **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 discuss. Though Clarity is an out-of-network practice, we do encourage that you submit your receipts for reimbursement.

## **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, your provider, and our families, other staff and other clients) 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:
<ul> <li>You will only keep your in-person appointment if you are symptom free.</li> </ul>
<ul> <li>You will take your temperature before coming to each appointment. If it is elevated (100.4</li> </ul>
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, Clarity won't
charge you our normal cancellation fee
• You will wait in your car or outside, 5 minutes before your scheduled appointment you will text
your provider and let me know you have arrived. You will then receive a text in return
when it is appropriate for you to enter the office. (understand we will be making sure that the
previous patient has left before you are invited in)
<ul> <li>You will wear a mask in all areas of the office (the provider will too) until we can meet the safe distancing precautions in the therapy room.</li> </ul>
• When you enter the waiting room you will be asked to use alcohol-based hand sanitizer when entering the waiting area.
• You will adhere to the safe distancing precautions set up in the waiting room and therapy room.
For example, you won't move chairs or sit next to someone who is not in your household
• You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands)
with me
• You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
<ul> <li>If you are bringing your child, you will make sure that your child follows all these sanitation and distancing protocols.</li> </ul>
<ul> <li>Parents are asked to wait outside in their cars for anyone over the age of 12 if their child is comfortable and until the end of the session. (if your child is not comfortable, you can remain in the waiting room, however you will be asked to wear a mask and adhere to social distancing guidelines).</li> </ul>
<ul> <li>You will take steps between appointments to minimize your exposure to COVID.</li> </ul>
• If you have a job that exposes you to other people who are infected, you will immediately let me know.
• If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know.
• 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.

Clarity 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.

# **Clarity's Commitment to Minimize Exposure**

Clarity 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.

We do have restrooms, however, these restrooms public and shared with others. Efforts have been made by the office staff to clean the facilities more often; however we do ask that you take the hand sanitizer and Lysol supplied on the table as you enter as an additional precaution.

### If You or a Clarity Staff Member Is Sick

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

If the provider tests positive for the coronavirus, he/she 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, Clarity may be required to notify local health authorities that you have been in the office. If Clarity has to report this, they 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 Clarity 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.

Tour signature seron shows that you ug.	
	Patient/Client Date
	Clarity Provider Date
[safety precautions]	

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

### 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.

- We ask all patients to wait in their cars or outside before their appointment times. Please "text" your providers work cell (the main office number is 571-318-9141) when you arrive, you will receive a message when it is safe for you to enter the office.
- We ask that you do not bring guests, children, etc. to your appointment time (unless they are being seen).
- The waiting area will only be used for parents of small children who are in a therapy session.
- The waiting room and therapy rooms have been arranged for appropriate physical distancing.
- I will wear a mask until safe distancing in the therapy room can be achieved.
- 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 rooms, and in the bathrooms.
- We schedule appointments at specific intervals to minimize the number of people in the waiting room.
- All payment will be done on-line.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed.
- Trash is disposed of on a frequent basis.
- Common areas are disinfected between patients.