

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

This document contains important information about resuming in-person services in light of the COVID-19 public health crisis. Please read this carefully, print it, sign the waiver, and complete the health screener. Bring the waiver and screener to your first in-person session. If, for some reason, you cannot print the document, review it carefully before you arrive at your appointment, and you can complete and sign the forms in the office. Note that the health screener requires you to take your temperature, so please do so before leaving your house. Let me know if you have any questions. When you sign this document, it will be an official agreement between us.

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. Telehealth across state lines may not be possible.

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, our families, my 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 (cough, sore throat, muscle aches, loss of taste and/or smell), you agree to cancel the appointment or proceed using telehealth. If you need to cancel due to illness, there is no cancellation fee. ____
- You will wait in your car or outside until the time your appointment is supposed to start to minimize the number of people in the waiting room.
- You will use alcohol-based hand sanitizer provided by SPA when you enter the suite. ____

- You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit. ____
- You will wear a mask in all areas of the office. The staff and clinicians will too. ____
- You will keep a distance of 6 feet, and there will be no physical contact (e.g. no shaking hands) with me or the staff. ____
- 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 a resident of your home tests positive for the infection or you have a confirmed exposure to an individual with COVID, you will immediately let me know, and we will then begin/resume treatment via telehealth for a 14-day period or you have a COVID test with a negative result. ____

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

SPA has taken steps to reduce the risk of spreading COVID within the office and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

If You or I Are Sick

You understand that I am committed to keeping you, me, my staff, and all of our families safe from the spread of this virus. If you show up for an appointment and I or my office staff 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 someone in my office with whom you have had contact tests 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 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.

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

Provider

Date

Office Safety Precautions in Effect During the Pandemic

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

- Office seating in the waiting room and in therapy/testing rooms has been arranged for appropriate physical distancing.
- Clinicians and staff wear masks when in common areas of the suite (hallways, waiting room), and staff wear masks when interacting with patients at the windows of the reception area.
- We all maintain safe distancing.
- Hand sanitizer that contains at least 60% alcohol is available in the therapy/testing rooms, the waiting room, and at the reception counter.
- We ask all patients to wait in their cars or outside until the time of their scheduled appointment.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.

Health Screening Form

Before every in-person appointment, you must complete a health screening. You may print and complete this form and bring it with you to the appointment or you may complete the survey online by clicking [here](#). If you choose the online survey, please complete it no later than midnight the day before your appointment.

Name _____

Date _____

1. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (Please take your temperature before you answer this question.) Indicate Y (yes) or N (no).

___ Fever (100.4°F/38.7°C or greater as measured by an oral thermometer)

___ Cough

___ Shortness of breath

___ Sore throat

___ New loss of taste or smell

___ Chills

___ Headache/muscle aches

___ Nausea, vomiting, diarrhea

2. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?
Yes No
3. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19? Yes No
4. Have you been tested for COVID-19 and are waiting to receive test results? Yes No
5. Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms? Yes No
6. In the past 14 days, have you been on a commercial flight or traveled outside of the United States? Yes No
7. In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States? Yes No
8. Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If "yes", please provide a brief explanation. Yes No

Explanation, if yes: