



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

This document contains important information about our decision (yours and mine) to conduct services for you (or your child) in-person 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.

### Decision to Meet In-Person

We have agreed to meet in-person for some or all sessions. If there is a resurgence of the pandemic, or if other health concerns arise, in-person appointments may be suspended and we will discuss whether we will meet via telehealth. 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. Please be aware that telehealth administration of neurocognitive tests 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. 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, and the other providers and patients who share my office suite) safer from exposure, sickness and possible death. If you (or your child) do not adhere to these safeguards, we may start/return to telehealth and/or the assessment may be suspended.

For each guideline below, "you" refers to both the child and the adult who is accompanying the child to the in-person appointments. Please initial each line below to indicate that you (and your child) understand and agree to these actions:

- You will only keep your in-person appointments if you are symptom free. If you have symptoms of the coronavirus, including (but not limited to) sore throat, fever, nausea, diarrhea, loss of smell, or cough you will notify Dr. Wright. \_\_\_\_
- You agree that only one adult, and no siblings or other individuals, will accompany your child to each appointment. Exceptions to this policy may be made if discussed and agreed to in advance. \_\_\_\_
- You will allow your temperature to be taken at the start of each appointment. If your temperature, or the temperature of anyone accompanying you to the appointment is elevated (100 Fahrenheit or more), the appointment will be canceled. \_\_\_\_
- You will wait in your car or outside the office building until no earlier than 5 minutes before our appointment time. \_\_\_\_
- If arriving more than 5 minutes early, you will text Dr. Wright at 360-961-8766 and wait for acknowledgment that you can enter the office waiting room. \_\_\_\_

- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. \_\_\_\_
- You will adhere to the safe distancing precautions set up in the waiting room and testing/therapy room. For example, you won't rearrange waiting room furniture. \_\_\_\_
- You will wear a mask which covers your nose and mouth in all areas of the office (I will too). \_\_\_\_
- You will keep a distance of 6 feet and there will be no physical contact (e.g., 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. \_\_\_\_
- 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 me know. \_\_\_\_
- If a resident of your home tests positive for the infection, or you have been exposed to any individuals with coronavirus, you will immediately let me know and we will then determine if sessions will be suspended, rescheduled or conducted via telehealth. \_\_\_\_

**My Commitment to Minimize Exposure**

The providers with whom I share a suite have taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts 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, and all of our families 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 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 Terms of Service and Consent for Treatment Form you have also been given to initiate services with me. 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. Cancellation fees due to COVID-19 issues are waived.

By signing below, you attest that you agree to these terms and conditions,

Client Name: \_\_\_\_\_

\_\_\_\_\_  
Client Signature (age 13 or over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date