



### INFORMED CONSENT FOR IN-PERSON SERVICES

This document contains information about our decision (yours and mine) to conduct services for you (or your child) in-person in light of public health issues due to the coronavirus. 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. 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.

If there is a resurgence of the coronavirus, or if other health concerns arise, in-person appointments may be suspended. If you decide at any time that you would prefer telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. Please be aware that telehealth administration of many neurocognitive tests is not possible.

#### 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.

- The client, and individuals accompanying the client to appointments, will only keep in-person appointments if they are symptom free. If the client has symptoms of the coronavirus, including (but not limited to) sore throat, fever, nausea, diarrhea, loss of smell, or cough, you will notify me.
- Upon request, the client will wear a mask which covers their nose and mouth in all areas of the office. I will also wear a mask upon request by a client or caregiver.
- If a resident of the client's home tests positive for the infection, or they 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. I will also notify you I test positive for the coronavirus, so that you can take appropriate precautions.

#### 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 coronavirus 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