



Informed Consent for Resuming in Person Services

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

This document contains important information about our decision (yours and mine) to resume 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 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.

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, and our families, 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, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. ____
- You will wait in your car or outside until our appointment time. ____
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. ____
- 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 (I will too). ____
- 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. ____
- At this time, unless you are accompanying your child who is the identified patient, I ask that you come alone to your appointment, and, if you are accompanying 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-19. ____
- 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. ____

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

My 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. 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.



Office Safety Precautions in Effect During Reopening at Creatively, LLC

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

- Clients will wait in their vehicles or outside until their designated appointment times
- All clients must complete a mandatory health questionnaire prior to attending their scheduled appointment
- Office seating in the waiting room and in therapy/testing rooms has been arranged for appropriate physical distancing.
- All clients and I wear masks.
- Clients and I maintain 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 room.
- I schedule appointments at specific intervals to minimize the number of people in the waiting room.
- Credit card pads, pens and other areas that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected at the end of each day.



Pre-appointment Health Questionnaire

This questionnaire is mandatory for each client at a of maximum 24 hours before their scheduled appointment time

- Have you had any of the following symptoms in the last seven days: fever or chills, cough, sore throat, shortness of breath, nausea, vomiting, diarrhea, or any other flu-like symptoms?
- In the past week, have you been in close (less than 6 feet), prolonged contact (more than 2-3 minutes) with someone with fever, cough, shortness of breath, nausea, vomiting, diarrhea, flu-like symptoms, or a diagnosis of COVID-19?
- Do you, in your place of employment or elsewhere, regularly come into contact with any specimen or contaminants containing, or possibly containing COVID-19?
- Is there a reason to believe you might be a carrier of or infected with COVID-19 at your appointment today? If yes, please disclose and discuss with your provider before entering your appointment. It is still possible to change your appointment to telehealth for safety.