



DR. SHERRI BRUCE
REGISTERED PSYCHOLOGIST
#1458 INC.

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

Client Name: _____

Date: _____

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

As of, _____, we have agreed to meet in person for some or all future session. If there is a resurgence of the pandemic or if other health concerns arise, I may require that we meet via telehealth.

If at any time you have concerns about meeting through telehealth, we will discuss them and try to address any issues. Please know that in addition if I at any time 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 return to telehealth services, I will respect that decision as long as it is clinically appropriate.

Risks of Opting for In-Person Services

You understand that agreeing to in person sessions, you are assuming the risk of exposure to the coronavirus (or other public health risk).

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 are unable to meet 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. ____
- Please monitor 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 my normal cancellation fee. ____
- **Virtual waiting:** You will wait in your car/outside until no earlier than 5 minutes or before I call you for our appointment time. ____
- You will use your own or one provided by my office alcohol-based hand sanitizer when you enter the building. ____

Updated September 23, 2020

- You can wear a mask or gloves in all areas of the building or my office (I may 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 take steps between appointments to minimize your exposure to COVID. ____
- I will document If you have a job that exposes you to other people who are infected, you will immediately contact me by telephone prior to your appointment to let me [and my staff] know. ____.
- You are aware that by participating in in-person psychological services you are advised of and provide your acknowledgement of my obligation to provide contact information to appropriate health authorities for contact tracing when required as is set out in the Public Health Act, Section 10. “Novel coronavirus infections” are amongst the communicable diseases that are prescribed as “infectious agents” under the Schedule to the Reporting Information Affecting Public Regulation (standard 6.8) in the Public Health Act. This situation could arise if I test positive for COVID-19, if you test positive for COVID-19, or when another client who has attended the same physical space or if have any contact with someone who has been exposed to COVID-19 ____.
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me [and my staff] know. ____
- If a resident of your home tests positive for the infection, you will immediately let me [and my staff] know and we will then negotiate a resumption treatment via telehealth. ____

I may change the above precautions if additional local or federal orders or guidelines are changed. published. If that happens, we will discuss 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 I have posted our efforts on the office door, in the hallway 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, myself, my staff and all of our families safe from the spread of this virus. Upon your arrival for your appointment I believe that you have a fever or other symptoms, I will request you to leave the office immediately. We can discuss future sessions by telehealth as appropriate. If I or my staff test positive for the coronavirus, I will notify you immediately so that you can take appropriate precautions.

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.

Client

Date

Psychologist

Date



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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 office have been arranged for appropriate physical distancing.
- I maintain safe distancing.
- Hand sanitizer that contains at least 60% alcohol is available in the office.
- I will schedule appointments at specific intervals to minimize the number of people in the office.
- I ask all patients to wait in their cars/outside until no earlier than 5 minutes before their appointment times.
- Credit card pads, pens, door knobs, clinical equipment and other areas and devices 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.
- Between client sessions, I will clean, disinfect all surfaces as appropriate.