



DR. SHERRI BRUCE
REGISTERED PSYCHOLOGIST
#1458 INC.

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

Client Name: _____

Date: _____

Client Name: _____

Date: _____

This document contains important information about our decision 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 two 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 sessions. If there is a resurgence of the pandemic or if other health concerns arise, I may require that we meet via telehealth. If either of you have concerns about meeting through telehealth, we will discuss them and try to address any issues. Please know that if I believe it is necessary, I may determine that we return to telehealth for everyone's well-being.

If either of you decide at any time that you both 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 note that** 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

Both of you understand that agreeing to in person sessions, both of 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, both of you agree to take certain precautions which will help keep everyone (either of you, me, and our families, and other patients) safer from exposure, sickness and possible death. If either of you do not adhere to these safeguards, it may result in our resuming or restarting a telehealth arrangement. Please initial each of the following statements below to indicate that both of understand and agree to these actions:

- Either of you will only keep your in-person appointment if both of you are symptom free. ____
- Both of you will monitor your temperatures before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if either of you have other symptoms of the coronavirus, you both

agree to cancel the appointment or proceed using telehealth. If either of you wish to cancel for this reason, I won't charge you my normal cancellation fee. ____

- Both of you will wait in your car or outside until no earlier than 5 minutes or before I call you for our appointment time. ____
- Both of you can use your own or one provided by my office alcohol-based hand sanitizer when both of you enter the building. ____
- Either of you or both can wear a mask in all areas of the building or my office (I may too). ____
- Both of you will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me. ____
- Both of you will take steps between appointments to minimize exposure to COVID. ____
- I will document If either or both of you have jobs that exposes either or both of you to other people who are infected, either or both of you will immediately contact me prior to your appointment to let me [and my staff] know. ____
- You are both aware that by participating in in-person psychological services the two of you are advised of and provide your acknowledgement of my obligation to provide contact information to appropriate health authorities for contact tracing when required. This situation could arise if I test positive for COVID-19, if either or both of you test positive for COVID-19, or when another client who has attended the same physical space or any other contact, I have tested positive for COVID-19 ____.
- If a resident of your home tests positive for the infection, either of you will immediately let me [and my staff] know and we will then resume treatment via telehealth. ____

I may change the above precautions if additional local or federal orders or guidelines are 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 either of you have questions about these efforts.

If You or I Are Sick

You both 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 the appointment I believe that either of you have a fever or other symptoms, I will request both of you 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 the two of 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 signatures below show that you both agree to these terms and conditions.

Client

Date

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 or 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.
- Office areas are disinfected at the end of each day.