

# Psychological Services of Central Illinois, P.C. (P.S.C.I.)

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

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

This document contains important information about our decision (yours and mine) to resume in-person services during 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 evaluation or future therapy appointments. If there is a resurgence of the pandemic or if other health concerns arise, 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 services for everyone's well-being.

If you decide at any time that you would feel safer continuing or resuming telehealth services, I will respect that decision, if it is feasible and clinically appropriate. Reimbursement for telehealth services is also determined by the insurance companies and applicable law. This may also be a determining factor in our decision to utilize telehealth services.

### Risks of Opting for In-Person Services

You understand that by coming to the office for in-person services, you are assuming the risk of exposure to the novel coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ride sharing 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 other patients) reduce the risk of possible exposure. If you do not adhere to these safeguards, it may result in our starting/returning to a telehealth arrangement or rescheduling your evaluation. The precautions you agree to adhere to include:

- Only keeping your in-person appointment if you are symptom free
- Canceling/rescheduling your appointment if you have symptoms of the coronavirus
- Waiting in your vehicle prior to your appointment time
- Washing your hands or using an alcohol-based hand sanitizer when you enter the building and several times while you are present for your appointment
- Adhering to safe distancing precautions while in the testing/therapy room
- Wearing a mask in all areas of the office
- Keeping a distance of 6 feet from others
- No children or minors will be allowed in the building unless they are being evaluated

In addition, if you are bringing a child or minor for evaluation, you will make sure that your child follows each of these sanitation and distancing protocols. During clinical interviews, one other adult may be present to assist with providing background information. They will also be required to follow the above described precautions. Once the interview is complete, that individual will not be able to remain in the building.

These above described precautions may change if additional local, state, or Federal orders or guidelines are published. If that occurs, we will talk about any necessary changes.

**My Commitment to Minimize Your Exposure**

My practice has taken significant steps to reduce the risk of spreading the novel coronavirus within our office. The psychologist and staff of this practice will also be adhering to the above described precautions. Please let me know if you have questions about these efforts to minimize your risk of novel coronavirus exposure.

**If You or I Are Sick**

You understand that I am committed to keeping you, me, my staff and our family members safe from the spread of this virus. If you come to an appointment and I or my staff believe that you have a fever or other symptoms, or believe you have been exposed, I will ask you to leave the office immediately. We can reschedule your appointment or provide telehealth services as appropriate.

If I or my staff test positive for the novel coronavirus, I will notify you so that you can take appropriate precautions. Similarly, if you test positive for the novel coronavirus, you are asked to notify my office immediately. If there is a reason to suspect that you have been exposed to the novel coronavirus, you will notify my office immediately so that we can take appropriate precautions.

**Your Confidentiality in the Case of Infection**

If you, myself, or my staff have tested positive for the novel coronavirus, I may be required to notify local health authorities that you have been in my office. If I must report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason for our visits. By signing this form, you are agreeing that I may have to do so without an additional signed release.

**Informed Consent**

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together and that you previously signed.

Your signature below shows that you agree to these terms and conditions.

\_\_\_\_\_

Signature of adult patient, parent, or guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of child (if 12 years old or older)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of witness

\_\_\_\_\_

Date