

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 or schedule in-person psychotherapy or schedule in-person psychological or neuropsychological evaluation services in light of the 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 agreement between us.

Decision to Meet Face to Face

We've agreed to meet in person for your upcoming scheduled appointment(s). If there is a resurgence of the pandemic or if other health concerns arise or if I otherwise determine it is necessary for everyone's well-being, however, I may require that we shift (or shift back) via telehealth for psychotherapy or cancel and postpone scheduled neuropsychological or psychological evaluation visits.

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 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, [my other staff] and other patients) safer from exposure, sickness and possible death. 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 if a psychotherapy visit and any symptoms you may have would not preclude a productive visit, proceed with telehealth vs. in-person. ____
- Prior to your scheduled visit time(s) you will wait in your car in the building parking lot or outside your car in the lot practicing safe distancing. And at your scheduled time you will be notified via cell phone or otherwise signaled that your visit is set to begin, that the front door will be opened for you so that you can proceed straight into the office where your visit will take place. ____
- You will make sure that if a partner or spouse or other family member or friend accompanies you to your visit or scheduled to participate in your visit (an individual designated prior to your visit, no more than one person) takes the same precautions (adheres to the procedures outlined in the 3 items above) and follows all of the safety / sanitation and distancing procedures laid out in this agreement. ____

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- Prior to entering the building, you (or you and the person who may be accompanying you) will have washed your hands and/or used hand sanitizer to clean your hands. And in addition, hand sanitizing gel will be available for your use (including a touchless hand sanitizer just inside the front door) after you enter the building. ____
- My staff or I will be wearing a surgical mask when you are greeted at the front door and you will also arrive wearing a mask, a suitable cloth or surgical mask you provide for yourself. ____
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize (rewash or resanitize) your hands. ____
- If you need to use the office bathroom which we clean/sanitize regularly including wiping down all touch surfaces (doorknob inside and out, toilet handle and seat, sink handles, all commonly touched surfaces), you will let us know so that we can verify that it has been cleaned since its previous use. You can also use tissues not wipes to touch surfaces and make use of the touchless hand sanitizer at the bathroom door. ____
- You and my staff/and or you and I will keep a safe distance of 6-8 feet (no hand shaking or physical contact) at all times in the parking lot and in the building **except when procedures and seating in the building during a neuropsychology visit require closer contact.** ____
- **For a neuropsychology visit**, you will find your seat thoroughly cleaned/sanitized; and any test materials you are required to touch, e.g. blocks and other objects you may need to manipulate as part of completing a test or booklets or pages with information to which you may need to point, will have been cleaned and disinfected before and after your visit, sanitized according to NAN Neuropsychology practice and Pearson/Test Publisher material cleaning and disinfecting guidelines. And we will remain masked and separated by a large plastic sneeze guard for those tests which require both you and us to handle the same test materials. However, for tests which may require you to respond orally or write or draw or use the touch screen on a computer (all touch surfaces pre-sanitized), but which do not require us to handle the same material or us to sit or reach closer to you than 6-8 feet but which are done with the plastic sneeze guard in place, we can proceed either masked or unmasked based on consensus between us, the decision one way or the other to be made in consideration of any special or specific COVID19 health safety concerns you may present. ____
- **For a psychotherapy visit**, you will find your seat thoroughly cleaned/sanitized and set safely distanced from where I will be seated 8+ feet from your chair, sneeze guard not placed or understood as necessary. Once we are both seated practicing this kind of spatial distancing, we can proceed either masked or unmasked based on consensus between us, the decision one way or the other to be made in consideration of any special or specific COVID19 health safety concerns you may present. ____
- You will take steps between appointments to minimize your exposure. ____
- If you have a job that exposes you to those who are infected, you will let me [and my staff] know. ____

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- 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 resort to psychotherapy via telehealth, for neuropsychology evaluations reschedule your visits. _____

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the virus 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, [my staff] and all of our families safe from the spread of this virus. If you show up for an appointment and I [or my office staff] 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.

If I [or my staff] test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

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

Informed Consent

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

I (Print Name: _____) HAVE READ AND UNDERSTOOD THIS NOTICE AND MY INITIALS ABOVE AND SIGNATURE BELOW INDICATE MY CONSENT TO ITS TERMS AND CONDITIONS, MY INTENT TO COMPLY ALONG WITH DR. BURKHART AND HIS STAFF WITH ITS PROTOCOLS.

Signature of Patient or Legal Representative

Date