



# PRESBY PSYCH

WHERE HOPE MEETS HEALING

## INFORMED CONSENT FOR IN-PERSON SERVICES DURING THE COVID-19 PANDEMIC CLIENTS 12 YEARS OLD OR OLDER

This document contains important information about our decision (yours, mine and Presby Psych's) to begin/resume in-person services in light of the COVID-19 public health crisis. Our decision is based in part on the recommendations by the Center for Disease Control (CDC) and the NC Department of Health and Human Services.

Please read this carefully and let us know if you have any questions. When you sign this document, it will be an official agreement between you and Presby Psych.

**All Presby Psych clinicians and staff members are at least two weeks past full vaccination and our vaccination cards are on file. We will produce them upon request.**

### Decision to Meet Face-to-Face

**Presby Psych clinicians will meet in-person only with clients 12 years old or older who are two weeks past full vaccination.** If there is a resurgence of the pandemic or if other health concerns arise, however, Presby Psych may require a return to telehealth.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, the clinician will respect that decision as long as it is feasible and clinically appropriate. Reimbursement for telehealth services is also determined by the insurance companies and applicable law, so we will discuss any financial implications if needed.

### 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 you, the clinician, your and our families, other Presby Psych staff members and other clients safer from exposure, sickness and possible death. Initial each to indicate that you understand and agree to these actions:

### General Guidelines

- Presby Psych clinicians will meet only with individuals 12 years old or older who are two weeks past full vaccination. You are submitting a copy of your vaccination card with this informed consent.
- You will wait in the car outside the clinician's office until the clinician sends a text or beckons in some other way to have you come into the building or to an outside session.
- You will only keep your in-person appointment if you are symptom free.
- You will only keep your in-person appointment if you have been fever free for a minimum of 10 days prior to the appointment.
- You will cancel your appointment if you have been in contact with someone who has tested positive for COVID within the last 14 days.
- If you have a job that exposes you to other people who are infected, you will immediately let the clinician know.

- \_\_\_\_\_ If a resident of your home tests positive for the infection, you will immediately let the clinician know and then treatment via telehealth will begin/resume.
- \_\_\_\_\_ You will take your temperature before coming to each appointment. If it is elevated (100 degrees 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, you will not be charged our normal cancellation fee.
- \_\_\_\_\_ If you arrive for a session and the clinician believes you are showing a fever or symptoms that could be related to COVID, the clinician will cancel the session and reschedule it for telehealth.
- \_\_\_\_\_ You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- \_\_\_\_\_ You will wear a mask in all common areas of Presby Psych offices – restrooms, stairways, halls.
- \_\_\_\_\_ You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with any member of the Presby Psych staff or the clinician.
- \_\_\_\_\_ You will take steps between appointments to minimize your exposure to COVID.

**Presby Psych may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, the clinician will talk with you about any necessary changes.**

**Presby Psych's Commitment to Minimize Exposure**

Presby Psych has taken steps recommended by public health officials to reduce the risk of spreading the coronavirus within the office. Please let the clinician know if you have questions about these efforts.

**If the Clinician is Sick**

You understand that Presby Psych is committed to keeping clients, the Presby Psych staff and all of our families safe from the spread of this virus. If the clinician or any Presby Psych staff member working in the building in which you are seen tests positive for the coronavirus, you will be notified so that you can take appropriate precautions.

**Your Confidentiality in the Case of Infection**

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

**Informed Consent**

This agreement supplements the general informed consent/business agreement that you agreed to at the start of your work at Presby Psych.

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

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client or Parent/Guardian Signature

\_\_\_\_\_  
Date



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## **PROOF OF VACCINATION**

Please return a copy of your vaccination card along with these forms.