



LEGACY CENTER

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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 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

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, however, I may require that we meet via telehealth or pause your evaluation if completing it via telehealth is not possible.

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. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement or pausing or evaluation until restrictions ease. 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 and pause your evaluation, or proceed using telehealth if applicable. If your appointment is cancelled for this reason, I won't charge you our normal cancellation fee. Your temperature will also be taken by our staff prior to entering our office.
- We ask all patients to wait in their cars or outside until you are called to come up to our suite.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit.
- You will wear a mask in all areas of the office (I [and my staff] will too).
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me [or staff].
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.
- You will take steps between appointments to minimize your exposure to COVID.
- If you have a job that exposes you to other people who are infected, you will let me [and my staff] know prior to your appointment.
- 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 prior to your appointment.

- If a resident of your home tests positive for the infection, you will immediately let me [and my staff] know and we will then [begin] resume treatment via telehealth or pause your evaluation until it can be completed safely.

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about 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 we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

What to Expect during In-Person Sessions

Prior to your appointment, please complete all requested forms and fax or e-mail back to the office prior to your appointment. These forms include

- This form
- Registration Packet
- Consent Packet
- Copy of Insurance Card (Front and Back)
- Credit Card on File Form
- Release of Information Forms
- IEPS, Past Evaluations, etc.

On the day of your appointment please do not arrive any earlier than 5 minutes before your appointment and wait in your car until you have been called to come up to our suite. We have staggered start times of appointments to minimize the number of individuals in the waiting room. Please do not bring any siblings and we are asking that only one parent accompany your child, if the client is a minor. During the testing sessions, the accompanying parent will sit in a treatment room and not the waiting room. All clients and parents must wear a mask while in the office. Further, everyone who enters the office will have their temperature taken. If an individual has a fever and/or presents with COVID-19 symptoms, the appointment will be cancelled.

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 or pause the evaluation until it is safe to reschedule.

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 about 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 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.

Patient/Client

Date