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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/begin 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 therapy or evaluation sessions. We have considered postponing services and decided to proceed with in-person services. Social distancing will be in place when feasible and client and I will wear a mask *at all times*. Note for evaluations that many tests necessitate the client and evaluator are seated with less than 6 feet between them. Client and evaluator will be required to wear masks *at all times*.

If there is a resurgence of the pandemic or if other health concerns arise during therapy, I may require that we meet via telehealth. You understand that, if I believe it is necessary, I may determine that we return to telehealth for everyone's well-being. If you have concerns about meeting through telehealth, we will talk about it first and try to address those concerns.

If there is a resurgence of the pandemic or if other health concerns arise during the evaluation, this may require that any scheduled testing sessions will need to be postponed. If you decide at any time that you would feel safer postponing the in-office sessions with your child, I will respect that decision. There will be a \$350 fee for cost of forms dispersed to parents and/or teachers as well as time spent administering tests. This fee will be deducted from the cost of the evaluation when it is completed. The parent interview and feedback session to discuss the evaluation results and recommendations will be conducted using telehealth services.

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 feasible and clinically appropriate. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law. You acknowledge that it is possible that your insurance carrier might not reimburse for tele-mental health services and if they don't, you will be responsible for the full cost of sessions.

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), including that contraction of this virus may be fatal. The COVID-19/Coronavirus is highly contagious, and it is believed to be spread by person-to-person contact. In addition, wearing masks and maintaining 6 feet of physical distance does not guarantee that you will not contract coronavirus. While we are taking additional measures to make sure that surfaces are sanitized after each client, you should be aware that our office is located within an office building and,

although the building's management company has also taken additional measures to decrease the potential spread of the virus, your therapist/evaluator does not have control over public spaces within the office building, such as the restrooms. The list of precautions taken within the office can be found at silverspring-counseling.com and will be posted in the office. Again, these precautions, although they mitigate risk, do not eliminate the possibility of getting coronavirus. Your signature on this form indicates that you agree that reasonable precautions are being implemented and you understand that the possibility of transmission still exists.

Your Responsibility to Minimize Exposure

To obtain services in person, you agree to take certain precautions that will help keep everyone (you, me, our families, 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. (Note: where it says "you" in the section below, that includes both the parent and child when the client is a child.)

- You will only keep your in-person appointment if you are symptom free.
- You will take your and your child's temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you or anyone else within your household have other symptoms of COVID-19, you agree to cancel the appointment or proceed using telehealth. Possible symptoms of COVID-19, as specified by the CDC, include chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting or diarrhea. If you wish to cancel for this reason, I won't charge you our normal cancellation fee.
- You will wait in your car or outside [or in a designated safe waiting area] until no earlier than 5 minutes before our appointment time.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. You will be asked to use hand sanitizer at times during the session.
- 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 will also wear a mask).
- You will keep a distance of 6 feet and there will be no physical contact (e.g., no shaking hands) with me.
- You will try to not touch your face or eyes with your hands. If you do, you will immediately sanitize your hands.
- If you are bringing your child, you will make sure that your child follows all sanitation and distancing protocols.
- You will take steps between appointments to minimize your exposure to the coronavirus.
- If you know that you have been, or potentially have been, exposed to other people who are infected, you will immediately let me know.
- If a resident of your home tests positive for the infection, you will immediately let me know and treatment will shift to telehealth; in-person sessions can resume once the quarantine period is over and you, and/or your child, have tested negative.

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. This includes sanitizing tables and chairs, providing hand sanitizer, wearing masks, and using air purifiers. The efforts in place have been posted on a sign in the office and on my website. 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, and our families safe from the spread of this virus. If you show up for an appointment and I believe that you have a fever or other symptoms, or believe you have been exposed, I will require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If I test positive for the coronavirus, I will notify you as soon as possible 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.

Client (parent/caregiver if client is a minor)

Date

Psychologist

Date