

## 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. 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 for everyone's well-being.

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, 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 including you, me, NYFS employees, our families and the community 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. 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 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. \_\_\_\_
- When you arrive at NYFS, please follow the instructions given to you by your NYFS care provider for entering the building. \_\_\_\_
- 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 meeting area. For example, you won't move or rearrange chairs.
- You will wear a mask in all areas of the building. All NYFS staff will wear masks when in common areas or in meetings of two or more people. \_\_\_\_
- You will keep a social distance of 6 feet from others and there will be no physical contact. \_\_\_\_
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. \_\_\_\_
- Adults, please be sure your children are following 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 immediately let me or another NYFS staff member know. \_\_\_\_
- If your commute or other responsibilities or activities put you in close contact with others beyond your family, you will let me know. \_\_\_\_
- If you or a resident of your home tests positive for the infection, you will immediately contact NYFS. We will then offer treatment via telehealth as appropriate. \_\_\_\_

NYFS 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**

NYFS 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.

**If You or I Are Sick**

You understand that I am committed to keeping you, me, NYFS employees, our families and the community safe from the spread of this virus. If you show up for an appointment and I or NYFS 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 will offer services by telehealth as appropriate.

If I, or another person you have been in close contact with, tests 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**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NYFS Employee

\_\_\_\_\_  
Date