## OSIKA & SCARANO PSYCHOLOGICAL SERVICES, PC INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

Our office is strongly encouraging telehealth visits during the COVID pandemic. If, for some reason you need a face-to-face session, you and your provider will have a discussion as to why.

We are requiring all patients to read, initial and sign this document, regardless of whether we have planned a face-to-face session. This document contains important information about how to safely have a face-to-face session in light of the COVID-19 public health crisis. Please read this carefully and let your provider know if you have any questions. When you sign this document, it will be an official agreement between you and our practice.

#### Refusal to Meet Face-to-Face

If there is a resurgence of the pandemic or if other health concerns arise, your provider may refuse your request for a face-to-face session. If you have concerns about meeting through telehealth, you will talk to your provider about it first and try to address any issues. You understand that, if your provider believes it is necessary, they may determine that you return to telehealth for everyone's well-being. If you insist on face-to-face sessions, you may request a change in provider if your provider continues to refuse.

### **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, 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 termination of the option for face-to-face sessions. Initial each to indicate that you understand. I agree to these actions if I ever have a face-to-face session:

- You will only have 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 higher), or if you have other symptoms of the coronavirus (e.g., dry cough, flu-like symptoms), you agree to cancel the appointment, or to proceed using telehealth. If you wish to cancel for this reason, we won't charge you our normal cancellation fee. Ask your provider if you'd like to use our point-and-shoot thermometer at the office. \_\_\_\_
   You will wait in your car or outside 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 adhere to the safe distancing precautions we have set up in the waiting room and service rooms. For example, you won't move chairs or sit where seating is prohibited.
- You will wear a mask in all areas of the office. (Our staff will also.)
- You will keep a distance of 6 feet and there will be no physical contact (e.g., no shaking hands) with any member of our staff. \_\_\_\_

<ul> <li>or sanitize your hands</li> <li>If you are bringing your chi and distancing protocols</li> <li>You will take steps between</li> <li>If you have a job that expous know</li> <li>If your commute, or other (beyond your family), you will a resident of your home to</li> </ul>	Ir face or eyes with your hands. If you do, you will immediately wash ld, you will make sure that your child follows all of these sanitation appointments to minimize your exposure to COVID sees you to other people who are infected, you will immediately less responsibilities or activities put you in close contact with others will let me [and my staff] know ests positive for the infection, you will immediately let us in or resume treatment via telehealth
published. If that happens, we will <b>My Commitment to Minimize Expe</b> My practice has taken steps to rec	
the spread of this virus. If you show symptoms, or believe you have immediately. Our providers reserve office, we can follow up with servi-	itted to keeping you, me, our staff, and all of our families safe from w up for an appointment and we believe you have a fever or other been exposed, we will have to require you to leave the office e the right to take your temperature. If you are asked to leave the ces by telehealth as appropriate. If your provider tests positive for so that you can take appropriate precautions.
that you have been in the office information necessary for their date	Infection coronavirus, we may be required to notify local health authorities If we have to report this, we will only provide the minimum Ta collection and will not go into any details about the reason(s) for ou are agreeing that we may do so without an additional signed
Informed Consent This agreement supplements the g the start of our work together.	eneral informed consent/business agreement that we agreed to a
Your signature below shows that yo	ou agree to these terms and conditions.
Patient/Client	Date
Psychologist	

# OSIKA and SCARANO PSYCHOLOGICAL SERVICES, PC Office Safety Precautions in Effect During the Pandemic

My office is taking the following precautions to protect our patients and help slow the spread of the coronavirus.

- Office seating in the waiting room and in therapy/testing rooms has been arranged for appropriate physical distancing.
- My staff and I wear masks.
- My staff maintains safe distancing.
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
- Hand sanitizer that contains at least 60% alcohol is available in the therapy/testing rooms, the waiting room and at the reception counter.
- We schedule very few face-to-face appointments in order to minimize the number of people in the waiting room.
- We ask all patients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
- Credit card pads, pens and other areas that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected at the end of each day.
- Providers have to attest daily that they are symptom free, do not have a temperature, have not travelled outside of the state within the past 2 weeks and know of no known exposure to COVID.