

**Community Psychological Consultants
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Informed Consent for In-Person Services During the COVID-19 Public Health Crisis

Dear Clients,

First, we would like to sincerely thank you for your willingness to respond to changes and modifications in our office procedures that have allowed us to maintain social distancing. We very much appreciate your joining with us to keep all of us as safe and as healthy as possible during this unprecedented and challenging time. We continue to remain committed to your safety and ours as we negotiate this complicated future. To that end, telehealth continues to be the preferred mode for therapeutic interactions. We do, however, anticipate opening our office for limited in-office services as well, particularly for those services, such as psychological testing, that require in-office and one-on-one interface. To that end, we are instituting stringent guidelines for all of us to follow.

This document contains important information about our decision (yours and ours) to resume limited in-person services in light of the COVID-19 public health crisis. 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 us.

Decision to Meet Face-to-Face

We may 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, we may require that we meet via telehealth or postpone services. If you have any concerns about meeting through telehealth, we will talk about it first and try to address any issues. Please understand that if we believe it to be necessary, we may determine that we must return to telehealth for everyone's well-being and postpone in-office services.

Risks for Opting for In-Person Services

You are receiving services at Community Psychological Consultants during the events of a COVID-19 public health conference. You understand that by coming to our office, you are assuming the risk of exposure to the coronavirus (or other public health risks). We are taking precautions to limit the risk of exposure to the coronavirus, but there is still a possibility of transmission. You agree to hold harmless and indemnify Community Psychological Consultants and its providers against any claims and actions related to the coronavirus in exchange for services during the events of the COVID-19 public health crisis.

Your Responsibility to Minimize Your Exposure

To obtain services for yourself or your child in person, you agree to take certain precautions which will help keep everyone (you, me, our families, and other staff and clients) as safe as

possible from exposure, sickness, and possible death. If you do not adhere to these safeguards, it will result in stopping in-person contact and/or a return to a telehealth arrangement.

Please read the following carefully, and initial each to indicate that you understand and agree to these actions:

- You agree to only keep your in-person appointment if you, and the members of your close contact family or group (spouse, partner, children, parents, and others), are symptom free. _____
- You agree to take your temperature before coming to each appointment. If it is elevated (100 degrees Fahrenheit or higher), or if you have other symptoms of the COVID-19, you agree to cancel the appointment or proceed using telehealth, if applicable. If you wish to cancel for this reason, you will not be charged a normal cancellation fee. _____
- You agree to wait in your car or outside of the office building until no earlier than five (5) minutes before our appointment before coming to the office. _____
- You agree to wear a mask in all areas of the office. All persons in the office, including providers and clients, are required to wear masks at all times. _____
- You agree to observe handwashing recommendations, and use alcohol-based hand sanitizer before entering our office. For your convenience, a sanitization station will be located at the front door to our office. _____
- You agree to allow us to take your temperature, and the temperature of anyone who accompanies you to our office, using a non-contact infrared thermometer. If elevated, you agree to cancel the appointment or proceed using telehealth. If your appointment is cancelled for this reason, you will not be charged a normal cancellation fee. _____
- You agree to keep a distance of six (6) feet from all persons in the office. There will be no physical contact with persons outside of your personal contacts in the office. _____
- For your safety, we are limiting the number of persons in our waiting room. To minimize the number of persons in our waiting room present at the same time, we are asking that only the client enter the office. When necessary, one adult can accompany a child. We request that all mobile siblings remain at home. You agree to follow this request in order to limit the number of persons in the office. _____
- You agree to try to not touch your face or eyes with your hands. If you do, you will immediately sanitize your hands. _____
- If you are bringing a child to our office, you agree to ensure that your child follows all of these sanitation and distancing protocols. _____

- You agree to take steps between appointments to minimize your exposure to COVID-19. If you are exposed to other people who have COVID-19, at work or in other settings, you agree to immediately notify us. _____
- If a resident of your home tests positive for COVID-19, you agree to immediately notify us, and we will then resume treatment via telehealth or delay additional in-office testing. _____
- You will inform us if you, or any member of your family, has traveled outside to the central Indiana area in the last two weeks. _____

We 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.

Our Commitment to Minimize Exposure

Our practice has taken steps to reduce the risk of spreading of COVID-19 in the office. We are committed to cleaning and sanitizing our office on a regular basis throughout each day. Our waiting room will no longer provide magazines or children’s toys as these items are difficult to clean and sanitize. Please let us know if you have questions about these efforts.

If You or We Are Sick

You understand that we are committed to keeping you, us, and all of our families as safe as possible from the spread of COVID-19. If you show up for an appointment, and if I or other professionals in our office believe that you have a fever or other symptoms, or believe that you have been exposed, we will require that you leave the office immediately. We can follow up with services by telehealth as appropriate. If we test positive for the coronavirus, we 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, we 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 our visits. By signing this agreement, you are agreeing that we 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 Name

Signature of Client or Parent/Legal Guardian

Date