

---

## INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision (yours and mine) to begin/resume in-person services in light of the COVID-19 public health crisis. Our decision is based in part on recommendations by the CDC as well as other factors. Some of these include, but are not limited to: whether we and our families have been vaccinated, our health or that of those we are in close contact with, and risk of exposure outside of this setting. 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. Fees for telehealth services are the same as for in-person appointments.

### 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, 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. **Initial each** to indicate that you understand and agree to these actions:

- You will tell me if you have been vaccinated. If you haven't, we'll talk about whether we can safely meet in person.
- You will only keep your in-person appointment if you are symptom free.
- You will only keep your in-person appointment if you have been fever free for a minimum of 10 days prior to our appointment.
- You will cancel your appointment if you have been in contact with someone who has tested positive within the last 14 days.
- 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 to using telehealth.
- 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 wear a mask in all areas of the office (I will too).
- You will keep a distance of 4-6 feet and there will be no physical contact (e.g. no shaking hands) with me.

- 
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. [REDACTED]
  - If you are bringing your child for his/her appointment, you will make sure that your child follows all of these sanitation and distancing protocols. [REDACTED]
  - You will take steps between appointments to minimize your exposure to COVID. [REDACTED]
  - If you have a job that exposes you to other people who are infected, you will immediately let me know. [REDACTED]
  - If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know. [REDACTED]
  - If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin/resume treatment via telehealth. [REDACTED]

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 I have posted these efforts on my website and in the office. 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 have to 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 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 (Print name if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian for Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deborah S. Lyons, Ph.D.

\_\_\_\_\_  
Date