

PELTS, KIRKHART ASSOCIATES, LLC

Client Name _____ Clinician Name _____

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19

This document contains important information about our decision (yours and mine) to resume in-person services in light of the public health crisis. Pelts-Kirkhart and Associates is committed to minimizing everyone's exposure to the virus. Please read this carefully and ask any questions of your clinician or our staff. We have also posted procedures for minimizing risk in our office and on our web site. Your signature to this document will be an official agreement between us.

Decision to meet face-to-face: We have together determined that your current need cannot best be met by the safest means, a telehealth option. If there is a resurgence of the pandemic or if other health concerns arise we will need to re-determine the best format for ongoing services at that time. We will choose from clinically appropriate and feasible options. When insurance reimbursement is desired we recommend that you call your provider to clarify their policies on both in-person and telehealth services.

Risks of opting for in-person services: You understand that by coming to the office you are assuming risk of exposure to coronavirus/public health risks.

Your responsibility to minimize exposure: You agree to take certain precautions to keep us all safer from exposure, sickness and possible death. If you cannot adhere to these safeguards we will need to discuss other options. When authorities issue revised guidelines we will modify and update as required.

1. You will only keep an in-person appointment if symptom-free.
2. You will take your temperature before coming to your appointment and if elevated above 100.4 degrees Fahrenheit or more you will call to make other arrangements. You will allow our staff to take your temperature using a contactless infrared thermometer upon arrival. If cancellation is due to health/symptoms there is no cancellation fee.
3. You will wait in your car or outside until no earlier than 5 minutes before appointment time.
4. You will wash your hands or use alcohol-based hand-sanitizer when you enter the office.

5. You will adhere to the safe distancing precautions we have set up in the waiting room and testing and therapy offices. For example, you won't move chairs or sit in non-designated chairs.
6. You will wear a mask in all waiting rooms and halls as will our staff and clinicians; if you come without a mask we can provide one to you for \$1.00.
7. You will keep a safer distance of 6 feet and there will be no physical contact such as shaking hands.
8. You will use best hygiene measures when coughing and sneezing, for example turning away from others and targeting your own elbow.
9. If accompanied by a child/dependent you will make sure that he/she follows these sanitation and distancing protocols. You will not bring non-essential family members into the office/waiting room areas.
10. If you or another resident of your home tests positive for COVID-19 you will immediately alert our office so that we can implement required precautions.

Your confidentiality in the case of infection: We will follow all required procedures if you or anyone in our office has newly tested positive for Coronavirus. We will notify local health authorities that you have been in the office and provide only minimal information necessary for their contact tracing/data collection. By signing this form you agree that we may do so without additional signed release.

Informed consent: This agreement supplements all general informed consents/business agreements/HIPAA and HITECH agreements signed upon enrolling as a client in our office.

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

Client/Parent

Date

Pelts-Kirkhart and Associates Representative

Date