

INFORMED CONSENT FOR IN-PERSON SERVICES DURING THE CORONAVIRUS PUBLIC HEALTH CRISIS

This document contains important information about our decision to resume in-person services in light of the coronavirus public health crisis. With guidance from The Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control (CDC), The Wake Kendall Group, PLLC is taking measures to ensure that our clients and employees are safe. Please read this consent form carefully and let me know if you have any questions. When you sign this document, it will serve as a formal agreement between you/your child and your clinician.

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, I may require that we postpone sessions or meet via telehealth, if possible.

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 that will help keep everyone (you, me, our families, other patients, and employees) safer from exposure, sickness, and possible death. If you are bringing your child to a session, you will make sure that your child follows all of these precautions. Failure or refusal to adhere to these safeguards may result in our canceling the current and/or future sessions. Please initial next to each item 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 Fahrenheit or more), or if you have other symptoms of the coronavirus as documented by the CDC, or if you are feeling ill in any way, you agree to cancel the appointment. If you wish to cancel for one of these reasons, I will not charge you a cancellation fee. _____
- You will wait in your car or outside. You understand that you will not be allowed to wait in our waiting areas inside the building. _____
- To minimize the number of people in our offices, clients older than 10 years will enter the building unaccompanied. Children 10 years old and younger may have a parent accompany them into the building. I will text you when I can meet you at the front door and escort you into the building. _____

- You will wash your hands immediately after you enter the building. I may take your temperature with a touchless thermometer once you arrive._____
- You will wear a mask in all areas of the office. I will too._____
- There will be no physical contact (e.g. no shaking hands) with me._____
- While every effort will be made to maintain a distance of 6 feet, you understand that some testing procedures may not permit this._____
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands._____
- The Wake Kendall Group will not provide snacks. You must bring your own snack if you wish, and it must be eaten outside of the building at the break._____
- If a resident of your home or someone with whom you have had recent, close contact, becomes ill with COVID-19 symptoms or tests positive for the infection, you will immediately let me know and we will then postpone the session._____

I may change the above precautions as additional local, state or federal orders or guidelines are updated. If that happens, we will talk about any necessary changes.

My Commitment to Minimize Exposure

The Wake Kendall Group, PLLC has taken steps to reduce the risk of spreading the coronavirus within the office to protect our clients and clinicians. Please let us know if you have any questions about the following precautions:

- Our clinicians take their temperature before coming to the office. If it is elevated (100 Fahrenheit or more), or if they have other symptoms of the coronavirus as documented by the CDC, or if they are feeling ill in any way, they will cancel your appointment.
- Office seating in the waiting room is not permitted.
- We ask all clients to wait in their cars or outside prior to their appointments.
- Our testers have staggered schedules to minimize the number of people in our offices.
- We are scheduling only one testing appointment per day during Mayor Bowser's Phase 1 reopening to minimize the number of people in our offices. Currently, no therapy clients are being seen in our offices.
- We wear masks in common areas and while we are meeting face-to-face with clients at all times. We practice safe distancing as much as possible.
- Restroom soap dispensers are maintained, and everyone is required to wash their hands or use hand sanitizer frequently.
- Hand sanitizers that contain at least 60% alcohol are available in the offices.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of regularly.
- Pencils, pens, and other materials and areas that are commonly touched in the office are thoroughly sanitized after each appointment.
- Common areas are disinfected at the end of each day.

If You or I Are Sick

You understand that I am committed to keeping you, me, and all of 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 to the virus, I will have to require you to leave the office immediately.

If I [or other individuals who have been in the offices] 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 will have to notify other individuals who have been in our offices. I will only provide the minimum information necessary and will not go into any details of 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.

Client or Parent (if client is a minor)

Date

Provider

Date