

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

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

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 transport.

Your Responsibility to Minimise 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 clients), safer from exposure, sickness and possible death. Please initial each 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 wait in your car or outside until our appointment time: []
- You will use the available alcohol-based hand sanitizer when you enter the building: []
- You will adhere to the safe distancing precautions we have set up: []
- You will wear a face covering in all areas of the office, I and my staff will too: []
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me or my staff: []
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands: []

You're 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 your visit(s). 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

Date