



INFORMED CONSENT FOR IN-PERSON SERVICES

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.

Decision to Meet Face-to-Face

By signing this document, you agree to meet in person for some or all future appointments at Primary Care Psychology Associates, LLC (PCPA). 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.

Cost of Services

Primary Care Psychology Associates charges the same rates for in-person and telehealth visits. However, please be aware that reimbursement for in-person and telehealth services during the COVID-19 public health crisis is ultimately determined by your insurance company, and may be subject to change. It is your responsibility to check with your insurance plan regularly and make sure that it supports either treatment.

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, and our families, other staff, and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our returning to a telehealth arrangement.

Please initial after each item to indicate that you understand and agree to these actions:

- Telehealth visits are available to all patients as an alternative to in-person visits_____
- If your temperature is elevated (100 Fahrenheit or more), or you have experienced other symptoms of COVID19 any time in the 48 hrs prior to your appointment, appointment should be rescheduled or held over telehealth_____
- If you have been in contact with someone infected with COVID19, you should immediately inform your therapist and reschedule your appointment to telehealth_____
- If you are coughing, sneezing and blowing your nose frequently because of a non-COVID19 condition, please do not come to the clinic, and arrange for a telehealth appointment instead_____
- All patients are asked to maintain appropriate social distancing at all times during their visit to our clinics. Office seating in the waiting room and in therapy/testing offices has been arranged for appropriate physical distancing_____
- All patients are asked to wait in their cars or outside until no earlier than 5 minutes before their appointment times_____
- For pediatric patients, only one parent and one child is permitted at a time in the clinic_____
- No outside food, drinks or toys are permitted in the clinic_____



- Magazines, pens, toys and other commonly touched items in the waiting room and the examination rooms have been removed at this time. Any high touch surface that is not able to be removed will be thoroughly sanitized after each use_____
- PCPA staff and patients follow a universal masking policy at all times during opening hours of the clinic. Masks are available in the waiting rooms. Gaiter masks and masks with vents are not acceptable form of face covering_____
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands_____
- Hand sanitizer that contains at least 60% alcohol is available in the therapy/testing rooms_____
- Physical contact between patient and therapist is not permitted_____
- Physical surfaces that come into contact with patients in the therapy rooms will be disinfected between appointments_____
- Common areas are thoroughly disinfected at the end of each day_____
- Failure to abide by these rules and policies may result in your appointment being cancelled, with a no show fee for \$100 charged to your account_____

All PCPA staff are committed to following the safeguards listed above at all times during opening hours at each clinic. Additional information on the steps PCPA has taken to reduce the risk of spreading the coronavirus have been posted on our website at pcpachicago.com. PCPA may change the above safeguards if additional local, state or federal orders or guidelines are published.

Informed Consent

This agreement supplements the general informed consent that we agreed to at the start of our work together. Your signature below shows that you agree to these terms and conditions.

Patient Name

Patient/Legal Guardian Signature

Date

Second Legal Guardian Signature
(if divorced and sharing custody)

Date