



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 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. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

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:

- I will only keep my in-person appointment if I am symptom free. _____
- I will take my temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if I have other symptoms of the coronavirus, I agree to cancel the appointment or proceed using telehealth. If I wish to cancel for this reason, I **will not** be charged the standard cancellation fee. _____
- I will wait in my car, or outside the building, until no earlier than 5 minutes before our appointment time. If I am bringing my child for an appointment, I will leave them with their therapist, leave the clinic, and return 5 minutes prior to the end of the appointment. _____
- I will not bring other family members along for my or my child's appointment, unless previously discussed with my therapist. _____
- I will wash my hands or use alcohol-based hand sanitizer when I enter the building. _____
- I will adhere to the safe distancing precautions that have been set up in the waiting room and testing/therapy office. For example, I won't move chairs or sit where there are signs asking me not to sit. _____
- I will wear a mask in all areas of the office. _____
- I will keep a distance of 6 feet and not engage in physical contact (e.g. no shaking hands) with my therapist or any other staff member on site. _____
- I will try not to touch my face or eyes with my hands. If I do, I will immediately wash or sanitize my hands. _____
- If I am bringing my child, I will make sure that my child follows all of these sanitation and distancing protocols. _____
- If I am bringing my child, we will not bring any toys to the clinic. _____
- I will take steps between appointments to minimize my exposure to COVID. _____
- If I have a job that exposes me to other people who are infected, I will immediately let you know. _____
- If my commute, or other responsibilities or activities put me in close contact with others (beyond my family), I will let you know. _____
- If a resident of my home tests positive for the infection, I will immediately let you know and we will then resume treatment via telehealth. _____

PCPA 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

PCPA has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office.

If You or I Are Sick

You understand that I am committed to keeping you, me, other PCPA staff, 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, 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.

City of Chicago Requires Some Travelers To Quarantine

Effective July 6, 2020, the City of Chicago has enacted an emergency travel order directing travelers entering or returning to Chicago from states experiencing a surge in new COVID-19 cases to quarantine for a 14-day period from the time of last contact within the identified state. This includes both Chicago residents returning from travel to a designated state, and travelers arriving in Chicago from a designated state. If you visited any of the designated states in the past 14 days and have an upcoming appointment, please contact your therapist or the intake coordinator (intake@pcpachicago.com) and change your appointment to a telehealth appointment. The list of states is updated regularly, please visit the website below prior to attending your in-person appointment.

<https://www.chicago.gov/city/en/sites/covid-19/home/emergency-travel-order.html>

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 that we agreed to at the start of our work together. Your signature below shows that you agree to these terms and conditions.

Patient/Legal Guardian

Date

PCPA Clinician

Date