

# Behavioral Psychology Associates, P.C.

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

This document contains important information about our decision (yours and ours) to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let us 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, your therapist may require that you meet via telehealth. If you have concerns about meeting through telehealth, talk with your therapist about it first and try to address any issues. You understand that, if your therapist believes it is necessary, he/she may determine that you 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, your therapist 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 you 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, your therapist, our families, staff at BPA and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in you starting / returning to a telehealth arrangement. 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 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, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, you won't be charged the normal cancellation fee. \_\_\_\_
- When you arrive at BPA you will walk into the building no more than 5 minutes before your appointment. \_\_\_\_
- You will wait in the hallway outside of BPA until you are greeted by your therapist. \_\_\_\_
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. \_\_\_\_
- You will adhere to the safe distancing precautions we have set up in the therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit. \_\_\_\_
- You will wear a mask in all public areas of the office and building (BPA's staff will wear masks in public areas of the office and building as well). \_\_\_\_

- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with all BPA 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. \_\_\_\_
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. \_\_\_\_
- You will take steps between appointments to minimize your exposure to COVID. \_\_\_\_
- If you have a job that exposes you to other people who are infected, you will immediately let BPA office staff know. \_\_\_\_\_
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let BPA staff know. \_\_\_\_\_
- If a resident of your home tests positive for the infection, you will immediately let BPA staff know and you will then begin or resume treatment via telehealth. \_\_\_\_\_

BPA may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, your therapist will talk about any necessary changes.

**Our Commitment to Minimize Exposure**

BPA has taken steps to reduce the risk of spreading the coronavirus within the office and have posted our efforts. Please let us know if you have questions about these efforts.

**If You or anyone affiliated with BPA are Sick**

You understand that we are committed to keeping you and our staff and all of our families safe from the spread of this virus. If you show up for an appointment and we believe that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If anyone affiliated with BPA tests positive for the coronavirus, you will be notified so that you can take appropriate precautions.

**Informed Consent**

This agreement supplements all previously documented authorizations and informational documents regarding the practice that you agreed to or had the opportunity to review at the start of your work at BPA.

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

\_\_\_\_\_  
Patient/Patient's Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date