



## **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 ride-sharing 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, office staff, and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting/returning to a telehealth arrangement. Initial each to indicate that you understand and agree to these actions:

- You agree to only keep your in-person appointment if you are symptom free.
- If your temperature is elevated (100 Fahrenheit or more), or if you have other symptoms of COVID-19, you agree to cancel the appointment or proceed using telehealth. If you cancel for this reason, I will not charge you the cancellation fee.
- You agree to wash your hands or use alcohol-based hand sanitizer when you enter the building.
- You agree to adhere to the safe distancing precautions.
- You agree to keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands).
- If you have a job that exposes you to people who are infected, you agree to immediately let me know.
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you agree to let me know.
- If a resident of your home tests positive for the infection, you agree to immediately inform me and we will then begin/resume treatment via telehealth.

*I 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.*

**Megan N. Basnett, Psy.D. – Licensed Psychologist**

**M. B. Psychological Services, LLC**

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**My Commitment to Minimize Exposure**

I have taken steps to reduce the risk of spreading the coronavirus within the office. Office seating in the waiting room and in my office allows for physical distancing. Restroom soap dispensers are maintained, and everyone is encouraged to wash their hands. Hand sanitizer is available in my office and at the reception counter. Credit card pads, pens and other areas that are commonly touched are thoroughly sanitized. Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis. Common areas are thoroughly disinfected at the end of each day. Please let me know if you have questions about these efforts.

**If You or I Are Sick**

You understand that I am committed to keeping you, me, my 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 or a staff member test positive for the coronavirus, I will notify you so you can take appropriate precautions.

**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/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 Name (Print)**

\_\_\_\_\_

**Date of Birth**

\_\_\_\_\_

**Client/Guardian Signature\***

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Clinician Signature**

\_\_\_\_\_

**Date**