



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. 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 clinician may require a meeting via telehealth. If you have concerns about meeting through telehealth, you may speak with your clinician first and try to address any issues. You understand that, if your clinician believes it is necessary, he/she may determine that a 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 decision will be respected, 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 may need to be discussed.

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, clinicians, our families, Link Care 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 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 the cancellation fee will be waived. ____
- You will wait in your car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time. ____
- 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 waiting room and testing/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 the common areas of the office (Link Care staff will too). ____
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with your clinician or 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 me [and my staff] know. ____
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let your clinician and Link Care staff know. ____
- If a resident of your home tests positive for the infection, you will immediately let your clinician and Link Care staff know and we will then begin or resume treatment via telehealth. ____

The above precautions may be changed 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

Link Care has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts in the office. Please let your clinician know if you have questions about these efforts.

IF YOU OR I ARE SICK

You understand that we are committed to keeping you, your clinician, Link Care staff, and all of our families safe from the spread of this virus. If you show up for an appointment and your clinician or Link Care staff 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 your clinician or Link Care staff test positive for the coronavirus, you will be notified you so that you can take appropriate precautions.

YOUR CONFIDENTIALITY IN THE CASE OF INFECTION

If you have tested positive for the coronavirus, Link Care may be required to notify local health authorities that you have been in the office. If this is reportable, we will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your 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.

Patient/Client

Date

Clinician

Date

