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Informed Consent for Outside, In-Person Services During COVID-19 Public Health Crisis

This document contains important information about our decision (yours and mine) to have 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. Upon signing 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 have telehealth appointments for everyone's well being.

If you decide at any time that you would feel safer having telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. However, to the extent it applies, reimbursement for telehealth services is determined by the insurance companies and applicable law. I will provide you with a super-bill if requested, but you must determine your insurance company's policies with regards to telehealth appointments.

Risks of Opting for In-Person Services

You understand that in-person sessions increase your risk for exposure to COVID-19, although that risk is partially mitigated by the fact that the appointment will be outside and we will be practicing social distancing. This risk may increase if you travel by public transportation, cab, or ridesharing.

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, and other patients) safe from exposure, sickness, and possible death. If you do not adhere to these safeguards, it may result in our starting a telehealth arrangement. Initial each statement below to indicate that you understand and agree to these actions.

Patient's

Initials:

- _____ I understand that I will only keep my in-person appointment if I am symptom free.
- _____ I will take my temperature before coming to each appointment. If my temperature is elevated (100 Fahrenheit or more), or if I have other symptoms of COVID-19, I agree to cancel the appointment or proceed using telehealth. If I wish to cancel for these reasons, I will not be charged the normal cancellation fee.
- _____ I will adhere to the safe distancing precautions of at least six feet as recommended by the CDC. I will not move my chair closer.
- _____ I will wear my mask until I am seated at least six feet apart.
- _____ I understand that there will be no physical contact (e.g. no shaking hands).
- _____ I will take steps between appointments to minimize my exposure to COVID-19.
- _____ If my job exposes me to other people who are infected, I will immediately inform Kera Glazer-Rosoff, Ph.D. and will begin telehealth appointments during the period of my fourteen day self-quarantine.

_____ If my commute or other responsibilities or activities put me in close contact with others (beyond the people I live with), I will let Kera Glazer-Rosoff, Ph.D. know.

_____ If a resident of my home or someone I have had direct contact with tests positive for COVID-19 or has symptoms of the infection prior to receiving a COVID-19 test, I will immediately inform Kera Glazer-Rosoff, Ph.D. and will begin telehealth appointments during the period of my fourteen day self-quarantine.

Kera Glazer-Rosoff, Ph.D. 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

As your therapist, I promise to minimize my exposure to other people, to inform you immediately if a COVID-19 exposure occurs, and to offer telehealth appointments during the period of a fourteen day self-quarantine if required.

If You or I are Sick

You understand that I am committed to keeping you, me, and 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 that you have been exposed, I will have to immediately terminate the session. We can follow up with services by telehealth as appropriate.

If I test positive for COVID-19, I will notify you immediately so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for COVID-19, I may be required to notify local health authorities that you have been seen as part of contact tracing. 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.

Privacy

Because our sessions will be held outdoors in a secluded but public location there can be no guarantees that you will not see someone you know. That being said, due to confidentiality I will never disclose to anyone that you are a client, and you are free to tell them whatever you are comfortable with.

Informed Consent

This agreement supplements the Informed Consent for Treatment that you have additionally signed.

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

Signature of Client

Date ____/____/____

Name of Responsible Party (if client is under 18 or cared for by a legal guardian)

Date ____/____/____

Kera Glazer-Rosoff, Ph.D. Date