



Forward Thinking Assessment

Comprehensive • Individualized • Collaborative

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

This document contains important information about our joint decision to participate in 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

Currently, our practice is conducting parent intakes and feedback sessions via telehealth. We have agreed that I will meet with your child in person for our testing sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, we may have to delay these appointments. You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk).

Our Commitment to Minimize Exposure

Our practice is taking the following precautions, in compliance with orders issued by Governor Hogan regarding non-essential healthcare operations, to protect our clients and help slow the spread of the coronavirus. Please let me know if you have questions about these efforts.

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- Seating in our offices/testing rooms has been arranged for appropriate physical distancing; the waiting room is currently closed.
 - My colleague and I wear masks.
 - My colleague and I maintain safe distancing to the extent possible, and physical contact is not permitted.
 - Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
 - Hand sanitizer that contains at least 60% alcohol is available in the waiting room and both offices.
 - We schedule appointments on different days to ensure that other people are not in the office during your appointment.
 - We ask all clients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
 - Surfaces and materials that are commonly touched are thoroughly sanitized after each use.
 - 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.

Your Responsibility to Minimize Your Exposure

To obtain services in person, we ask that you agree to take certain precautions, also outlined by order of the Governor, which will help keep everyone (you, me, and our families, my colleague, and other clients) safer from exposure. Please initial each to indicate that you understand and agree to these actions:

- You will only keep our in-person appointments if your child is symptom free. ____
- You will take your child's temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if your child has other symptoms of the coronavirus (or any other illness), you agree to reschedule the appointment. If you wish to reschedule for this reason, there will be no cancellation fee. ____
- You will wait in your car or outside until no earlier than 5 minutes before our appointment time. ____
- You and your child will wash your hands or use alcohol-based hand sanitizer when you enter the office. ____
- You agree to have your child's temperature taken using a touchless thermometer upon arrival. ____
- You and your child will adhere to the safe distancing precautions we have set up in the office. ____
- You and your child will wear masks in all areas of the office (I will too). ____
- To the extent possible, we will keep a distance of 6 feet and we will not have physical contact (e.g. shaking hands). ____
- You agree to notify me if you have a job that exposes you to people who are infected, if you believe that you or your child may have been exposed, or if a resident of your home tests positive for the infection. ____

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.

Your Confidentiality in the Case of Infection

If you or your child has 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.

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

Patient Name: _____

DOB: _____

Signature of responsible party

Date

Printed name of responsible party

Relationship to patient