

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

This document contains important information about yours and Chrysalis Center's decision to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let your provider or administrative staff know if you have any questions. When you sign this document, it will be an official agreement between you and Chrysalis and will remain effective for 1 year from the date of signature.

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, it 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 we believe it is necessary, we may determine that return to telehealth is necessary in order to protect everyone's well-being.

If you decide at any time that you would feel safer staying with (or returning to) telehealth services, we will respect that decision as long as it is feasible and clinically appropriate. Please note reimbursement for telehealth services is determined by your insurance company and applicable law, so that is an issue you may also need to discuss with the administrative team. At some point, your insurance could change or rescind coverage for telehealth.

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.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, providers, our families, all staff, and other clients) safer from exposure, sickness, and possible death. If you do not adhere to these safeguards, it may result in our starting or 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 agree to screening questions and to having your temperature taken when you come in for each appointment. If you answer affirmatively to any of the questions, if your temperature is elevated (100 degrees 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, we won't charge you our normal cancellation fee. ____
- You will sit in our waiting room at a social distance from others or wait in your car or outside for your appointment time to start. ____
- 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, group room, and testing/therapy room. For example, you will not move chairs or sit where we have signs asking you not to sit. ____
- You will maintain a distance of 6 feet whenever possible and there will be no physical contact (e.g. no shaking hands) with our 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. ____
- You will limit bringing anyone else to the office with you. In some circumstances, you may need to bring

someone; we ask that you discuss this with the administrative staff and gain prior approval to bring other(s) with you. If you are bringing anyone with you, you will make sure that everyone follows all 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 let our staff know. ____
- If you or a resident of your home tests positive for the infection, you will immediately let our staff know and we will then resume treatment via telehealth. _____
- We ask that in accordance with the governor’s mandate that you bring and wear a mask in all areas of the office. If you do not have a mask, the administrative staff may provide you with a disposable one.

We may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will inform you of any necessary changes.

Our Commitment to Minimize Exposure

Our practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let us know if you have questions about these efforts.

If You or I Are Sick

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

If your provider or other staff member you’ve been in contact with tests positive for the coronavirus, we will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, we may be required to notify local health authorities that you have been in the office. This notification is also covered by our Notice of Privacy Practices that you signed before your first appointment. If we have to report this, we will 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 acknowledging that we may do so without an additional signed release.

Informed Consent

This agreement supplements the Informed Consents, Client Rights & Responsibilities, Privacy Practices, and Financial Agreement(s) that we agreed to at your first appointment.

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

Client/Representative Signature _____

Date _____

Chrysalis Staff Signature _____

Date _____