



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

This document contains important information about our decision (yours and Albert Knapp & Associates (AKA)) to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let AKA 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, AKA 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 AKA believes it is necessary, AKA 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, AKA 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. You remain responsible for full private pay fee of all sessions if your insurance does not cover telehealth services.

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 INITIAL EACH ITEM

To obtain services in person, you agree to take certain precautions which will help keep everyone 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 (or your minor’s) in-person appointment if **everyone in your household** are symptom free. ____
- You agree that you will take the temperature of all family members whom will come to the office before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you or anyone in your household have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, AKA won’t charge our normal same day cancellation fee. ____
- AKA will take the temperature of all family members (and all staff members) that come to the office. If any family member or staff member has an elevated temperature (100 Fahrenheit or more), session will not occur. The family will not incur a same day cancellation fee. ____
- Only the client and at most one other family member (if client is a minor) will attend the appointment. ____
- All family members will wait in the car or outside the office until no earlier than 5 minutes before our appointment time. ____
- All family members that attend the appointment will wash hands or use alcohol-based hand sanitizer when you enter the building. AKA will provide alcohol-based hand sanitizer and a key to the restroom. ____
- All family members will adhere to the safe distancing precautions we have set up in the waiting room and therapy room. Additional seating is available on our patio, but be mindful it is in public view so confidentiality is not guaranteed. ____
- All family members (and AKA staff) will wear a mask in all common areas of the office unless medically unable to or under the age of 2 years of age. Upon mutual agreement of family and therapist; masks may be removed while in the therapy room. If you do not have a mask you will be given one for \$2.00. ____
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with AKA staff. ____
- For play therapy, therapists and children may be closer than 6 feet at times, but only when clinically necessary for treatment. ____
- All in-person appointments will be slightly shortened from 50 minutes to 45 minutes to allow for ample time to clean between clients. ____
- All family members will try not to touch your face or eyes with your hands. If someone does, that person will immediately wash or sanitize his or her hands. ____
- All family members will take steps between appointments to minimize exposure to COVID. ____
- If a family member has a job that exposes you to other people who are infected, you will immediately let AKA know. AKA may require telehealth only in this situation. ____
- If your commute on public transportation or other responsibilities or activities that put you in close contact with others (beyond your family), you will let AKA staff know. AKA may require telehealth only in this situation. ____
- If a resident of your home tests positive for the coronavirus infection, you will immediately let AKA know and we will then switch to treatment via telehealth. ____

AKA may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, AKA will notify you about any necessary changes.

AKA’s Commitment to Minimize Exposure & Confidentiality in the Case of COVID-19 infection

AKA 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 staff know if you have questions about these efforts.

AKA will notify families if they were in the office when an individual (either client/family member or staff member) with a positive case of coronavirus was in the office, and will immediately initiate a deep clean and sanitation of the therapy room and waiting area before it is used again.

Due to confidentiality, AKA will NEVER release the client/family member, or time the client was in the office. AKA will only release the date the client was in the office.

If you or a family member have tested positive for the coronavirus, AKA may be required to notify local health authorities that you or a family member have been in the office. If we have to report this, we will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for the visit. By signing this form, you are agreeing that we may do so without an additional signed release.

Informed Consent

This agreement supplements the general and telehealth informed consent and other business agreements 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

Signature of Client (if legally allowed) or
Client's Legal Guardian

Relation to Client (Print)