



WOODVIEW
Psychology Group

Consent for Resuming In-Person Psychological Services

Effective 6/29/2021

This document contains important information about resuming in-person services in light of the COVID-19 public health crisis. Our decision is based in part on recommendations by the Center for Disease Control (CDC), but other factors may be considered. Some of these include but are not limited to: whether we and our families have been vaccinated, our health or the health of those we are in close contact with, and risk of exposure outside of this setting. There may be other concerns that we can talk about.

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

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, 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.

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.

My Commitment to Minimize Exposure

Woodview Psychology Group continues to follow the recommendations outlined by the CDC to reduce the risk of spreading the coronavirus within the office.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, my staff and other clients) safer from exposure and sickness. If you do not adhere to these safeguards, it may result in returning to a telehealth arrangement. Initial each to indicate that you understand and agree to these actions:

- You will tell me if you've been vaccinated. If you haven't, we'll talk about the reasons and whether it's possible to meet safely in person. ____
- You will wear a face mask if you have not been fully vaccinated. ____
- You will only keep your in-person appointment if you are symptom free. ____
- You will cancel your appointment if you have been in contact with someone who has tested positive within the last 14 days. ____

- 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. ____
- 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 a resident of your home tests positive for the infection, you will immediately let me [and my staff] know and we will then resume treatment via telehealth. ____

The above precautions may change if additional local, state or federal orders or guidelines are published.

If You or I Are Sick

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

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, I will follow health department protocols for notification about a possible exposure. 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.

Informed Consent

This agreement supplements the general informed consent/policy 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

Printed Name

Psychologist

Date