

## SUMMIT CLINICAL SERVICES

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

This document contains important information about resuming in-person services at Summit Clinical Services in light of the COVID-19 public health crisis. Please read this carefully and sign. Speak with your provider if you have any questions.

#### **Decision to Meet Face-to-Face**

You are agreeing to meet in person with your provider for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, it may be required to meet via telehealth. If you have concerns about meeting through telehealth, please discuss those concerns with your provider.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, Summit Clinical Services will respect that decision, as long as it is feasible, clinically appropriate, and covered by your health insurance provider. Reimbursement for telehealth services is determined by insurance companies. Public health precautions will vary and change in accordance with local, state or federal orders or guidelines. If this happens, your provider will talk with you about any necessary changes.

#### **Risks of Opting for In-Person Services**

Although we make every effort to maintain a healthy and safe environment and have taken steps to reduce the risk of spreading the coronavirus within the office, you understand that by coming to the office, you are assuming responsibility for the potential risk of exposure to the coronavirus (or any other public health risk).

#### **Your Responsibility to Minimize Your Exposure**

Please take all public health precautions seriously and help keep everyone safe from exposure to COVID-19 or any other illness.

- Keep your in-person appointment only if you are well.
- Prior to coming to the office, check the temperature of all individuals who will have contact with staff. Prior to your session you will be asked by your provider if you have checked your temperature, and if not, your temperature will be taken. Your temperature will be taken using a hand-held, no touch thermometer.
- Understand that if you have an elevated temperature (100 degrees Fahrenheit or more), and/or have any of the symptoms of coronavirus, you agree to cancel your appointment. Possible coronavirus symptoms may include but are not limited to: fever/shortness of breath/body aches/chills/new loss of taste or smell/sore throat/cold/cough. If you need to cancel for any of these reasons, you will *not* be charged a cancellation fee.
- Wait in your car or outside until no earlier than a few minutes before your appointment time.
- You can wash your hands in the building washrooms or use the available alcohol-based hand sanitizer in our office, if it is in supply. Please cover your mouth/nose when coughing or sneezing with a tissue or your arm. Tissues and disposal receptacles are available.

- Everyone coming to the office is required to wear a mask. Wear a mask in all areas of the office when social distancing measures are difficult to maintain. Try not to touch your face or eyes with your hands.
- Adhere to safe distancing precautions, keeping a distance of 6 feet between you and others. There will be no physical contact with staff. (e.g., no shaking hands)
- If you are bringing a child to therapy, to the best of your ability, make sure that the child follows all of the sanitation and distancing protocols. Children will also be required to wear a mask in the office when social distancing measures are difficult to maintain. The CDC recommends that everyone, including children ages 2 and older, wear cloth face coverings, *“in public settings where other social distancing measures are difficult to maintain and especially in areas of significant community-based transmission.”*
- If you or a resident of your home tests positive for COVID-19, or you have been exposed to anyone having been diagnosed with COVID-19, please let your provider know. If any Summit staff member that you might have been in contact with tests positive for the coronavirus, your provider 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, it may be required to notify local health authorities that you have been in the office. If Summit Clinical Services has to report this, only the minimum information necessary for data collection will be given and no details about the reason(s) for your visits will be disclosed. By signing this form, you are agreeing that this may be done without an additional signed release.

**Informed Consent**

This agreement supplements the general informed consent that you signed at the start of services provided to you by Summit Clinical Services.

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

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Signature (age 12 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(for patient under 18 years of age)

\_\_\_\_\_  
Date