

## **COVID-19 OFFICE VISIT CONSENT**

### **Schaffner Psychotherapy Services, LLC**

This document contains important information about our decision (yours and mine) to resume 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. Please review and sign this form before your first in-person session with me.

#### **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, 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. You understand that, if I believe it is necessary, I may determine that we return to telehealth for everyone's well-being.

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.

#### **Efforts to Minimize Exposure**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, other patients) safer. 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 and I and "close others" must be symptom-free. Only keep your appointment if you and those you have close daily interactions with are symptom-free. If you appear to show symptoms when you arrive for your appointment, I may require that we reschedule. Symptoms include fever/chills, cough, difficulty breathing, shortness of breath, fatigue, muscle or body aches, diarrhea, headache, new loss of taste/smell, sore throat, congestion/runny nose, nausea and/or vomiting.
- If you or I or "close others" test positive for COVID-19, immediately let me know and we will begin/resume treatment via telehealth until we determine that it is safe to return to the office (please refer to [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus) for specific guidelines about how to safely manage possible exposures).
- Hand sanitizer will be available in my office for use as needed.
- Masks indoors are optional. Whether or not you choose to mask, please be mindful of physical distancing etiquette in the waiting areas.
- I am triple vaccinated. If you have not received the COVID-19 vaccine we can discuss the risks and benefits of meeting in person and come up with a plan that we are both comfortable with before we meet.

These policies may change if additional local, state, or federal orders or guidelines are published. If that happens, we will talk about any necessary changes. As such, this is a "living document" and your signature indicates compliance with all future versions of our office policies related to COVID-19.

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

\_\_\_\_\_  
Patient/Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist

\_\_\_\_\_  
Date