*SCOTT CABOT WILLIS, PH.D., P.C* *DrScottWillis.com*

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

PATIENT NAME: _____

This document contains important information about our decision (yours and mine) to resume in-person services in light of the 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 agreement between us.

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 going back to telehealth, we will talk about it first and try to address the issues. You understand that, if I believe it is necessary, I 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, I will respect that decision, as long as it is 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 understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk).

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, and other patients) safer from exposure and sickness. Your failure or refusal to adhere to these safeguards may result in changes to your treatment or the services I can offer you. 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. ___
- If you have a temperature before coming to each appointment, or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. ___
- You will wait in your car or in the outer waiting area until no earlier than 5 minutes before our appointment time. ___
- You will wash your hands or use hand sanitizer after you enter the building. ___
- You will adhere to the safe distancing precautions we have set up in the waiting room. For example, you will not move chairs or approach the reception desk.___
- You will wear a mask to the appointment per current state health guidelines. ___
- You will keep a distance of 6 feet and there will be no physical contact. ___
- Children, drivers, partners or guests are not allowed to wait in either waiting area. ___
- You will take steps between appointments to minimize your exposure. ___
- If you have a job that exposes you to those who are infected, or have come into close contact with others who are infected, you will let me know. ___
- If a resident of your home tests positive for the infection, you will immediately let me know.___

You understand that I am committed to keeping you, me, and all of our families safe from the spread of this virus. If you show up for an appointment and I believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you 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 may be required to notify local health authorities that you have been in the office. 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 of the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

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

This agreement supplements to the general informed consent/business agreement that we agreed to at the start of our work together.

I have read and understand the above information and agree to participate in person for services with Dr. Scott Willis

Signature: _____ Date: _____

Email: _____ Phone: _____