



CENTER FOR PSYCHOLOGICAL HEALTH  
JAIME A. BLANDINO, PH.D., LICENSED CLINICAL PSYCHOLOGIST

### COVID-19 Office Visit Consent

This document contains important information about our collaborative decision to resume in-person services considering the COVID-19 public health crisis. Please read it 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 before your first in-person session with me.

#### Parking Reminder:

Parking for visitors continues to be street-side. The back parking lot is for staff only. You may park on N. McDonough using the meter or the Park Mobile App, or you may find nearby 2-hour free parking on E. Howard Ave, E. Maple, or Church Street. Please let me know before your appointment if you have any questions or if you have medical circumstances that require an alternative parking arrangement.

#### Joint Decision to Resume Office Visits:

You and I have already discussed and agreed to meet in person for some or all future sessions. If there is a resurgence in COVID cases or if other personal or public health concerns arise, I may require that we resume telehealth. We will discuss this and address any concerns about returning to virtual therapy. If I have concerns about your clinical care (e.g., if I feel that in-person sessions are necessary to provide the best care possible) I will share them with you, and we can decide together how to move forward.

By signing this document, you indicate your full understanding that coming to the office means assuming the risk of exposure to COVID-19 (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

#### Our Mutual Commitment to Minimizing Exposure:

We both agree to take certain precautions which will help keep everyone safer. If you do not adhere to these safeguards, we may need to start/resume a telehealth arrangement. Your signature at the end of this document indicates your agreement and commitment to these policies.

- **You and I and “close others” must be symptom free.** Only keep your in-person appointment if you and the people with whom you have daily interaction are symptom free. If you appear to show symptoms when you arrive, I may require that we reschedule our appointment.
- **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 <https://www.cdc.gov/coronavirus> for specific guidelines about how to safely manage possible exposures).
- **Upon entering the building, sanitize your hands.** Hand sanitizers will be available in the waiting room and in my office. You may also bring your own.
- **Masks indoors are optional.** Whether or not you choose to mask, please be mindful of the new norms around “Covid etiquette” regarding physical distancing in the waiting areas.



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- **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 according to emerging information about coronavirus, new CDC guidelines, or changes in local, state, and federal mandates for controlling the spread. As the situation evolves, our practice will too, and communication with clients will be ongoing and frequent. As such, this is a “living document” and your signature indicates compliance with all future versions of our office policies related to coronavirus.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

For your reference, here are SYMPTOMS OF COVID-19 we ask that you report on before coming to the office (<https://www.cdc.gov/coronavirus>).

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Symptoms typically include:

- |   |                              |
|---|------------------------------|
| ✓ Fever or chills                             | ✓ Headache                   |
| ✓ Cough                                       | ✓ New loss of taste or smell |
| ✓ Shortness of breath or difficulty breathing | ✓ Sore throat                |
| ✓ Fatigue                                     | ✓ Congestion or runny nose   |
| ✓ Muscle or body aches                        | ✓ Nausea or vomiting         |
| ✓ Diarrhea                                    |                              |