

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

DR. LYNETTE WIEST, PSYD
Licensed Clinical Psychologist
200 Main Street, 201G, Hilton Head, SC
843-968-7568

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.

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.

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 feasible and clinically appropriate.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to the Covid-19 (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and other clients) safer from exposure, sickness and possible death. 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 will only keep your in-person appointment if you are symptom free. ____
- You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the Covid-19, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. ____
- You will wash your hands (you can use the office bathroom or kitchen soap and water) or use your own alcohol-based hand sanitizer when you enter the building. ____
- You will adhere to the safe distancing precautions I have set up in the counseling office, and there will be no physical contact (e.g. no shaking hands) with me. ____
- You will wear a mask in all areas of the office (I will too). ____

- 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-19. ____
- If you have a job that exposes you to other people who are infected, you will immediately let me know. ____
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin/ resume treatment via telehealth. ____

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.

If You or I Are Sick

You understand that I am committed to keeping you, me, and our contacts 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.

If I test positive for the Covid-19, I will notify you prior to any upcoming appointment.

Your Confidentiality in the Case of Infection

If you test positive for the Covid-19, you may be required to notify local health authorities that you have been in the office. I will only provide health authorities 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/business 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

Psychologist

Date