



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

This document contains important information about our decision (yours and mine) to resume inperson services considering 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 you and Indianapolis Trauma Center and associates.

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, if 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 coronavirus (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 our families, and other patients) 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 and have not been exposed to others with Covid symptoms. ____
- If you have symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I will not charge you our normal cancellation fee. ____
- You will wait in your car or outside until our appointment time. You may text via Spruce to signal your arrival. I will come outside to greet you and invite you into the facility. ____
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. ____
- You will adhere to the safe distancing precautions we have set up in the waiting room and therapy rooms. For example, you will not move chairs or sit where we have signs asking you not to sit. ____
- If you are unvaccinated--for your protection as well as all Indianapolis Trauma Therapy clients and clinicians--you will wear a mask in the facility. Governor Holcomb has reminded

us that the fight against COVID-19 is far from over and wearing a face mask is one of the simplest, most effective ways to slow the spread of the virus. The Governor and the Indiana State Department of Health are asking all of us to come together and do our part to get the entire state of Indiana back on track. ____

- If you are bringing your unvaccinated child, you will make sure that your child follows all these masking, sanitation, and distancing protocols. ____
- Vaccinated clients, with a Covid Vaccination Card on file, may choose to participate in therapeutic services without wearing a mask. It should be noted that the CDC is not mandating but *is recommending* everyone, vaccinated or unvaccinated, wear a mask. If you choose not to wear a mask, you agree to hold Indianapolis Trauma Therapy Center and its associates held harmless if you contract Covid. ____
- You will take steps between appointments to minimize your exposure to COVID-19. ____
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let Indianapolis Trauma Therapy Center know. ____
- If a resident of your home tests positive for or has been exposed to the infection, you will immediately let Indianapolis Trauma Therapy Center know and we will then 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.

My Commitment to Minimize Exposure My practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts. Please let me know if you have questions about these efforts. If You or I Are Sick You understand that I am committed to keeping you, me, and all 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. If I test positive for the coronavirus, I 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, I may be required to notify local health authorities that you have been in the office. If I must report this, I will only provide 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/authorization to treat.

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

Signature of Client _____ Date _____

Signature of Parent/Guardian/Legal Representative _____ Date _____
