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

This document contains important information about our decision (yours and ours) to begin/resume in-person services in light of the COVID-19 public health crisis. Our decision is based in part on recommendations by the Center for Disease Control (CDC), but other factors may be considered. Some of these include but are not limited to: whether we and our families have been vaccinated, our health or the health of those we are in close contact with, and risk of exposure outside of this setting.

Please read this carefully and let me know if you have any questions. By signing this document, it will serve official agreement between you and Dr. Silvi Guerra, P.C.

### **Decision to Meet Face-to-Face**

This serves as an agreement 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, we may switch to a telehealth session.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, that decision will be honored, as long as clinically appropriate. Please note that reimbursement for telehealth services is also determined by the insurance companies and applicable law.

### **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 or taxi/Uber.

### **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, office staff, and other patients) safer from exposure, sickness and possible death. Failure to adhere to these safeguards may result in our starting / returning to a telehealth arrangement.

By signing below, you are indicating that you understand and agree to these actions:

- You and/or your child will only attend in person sessions if you have been fully vaccinated. If you haven't been vaccinated, we'll talk about the reasons and whether it's possible to meet safely in person.
- You will only keep your in-person appointment if you are symptom free & have been fever-free for a minimum of 5 days prior to our appointment.
- You will cancel your appointment or convert to telehealth if you have been in contact with someone who has tested positive within the last 10 days.
- You (or child/teen) may be asked to wash your hands or use alcohol-based hand sanitizer when you enter the office.

- You (or child/teen) will wear a mask in the waiting area of the office.
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then continue treatment via telehealth.

| Above precautions may change 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**

Our practice has taken steps to reduce the risk of spreading the coronavirus within the office, and are all fully vaccinated. 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 of our families safe from the spread of this virus. If you show up for an appointment and I [or our office staff] 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 and we can follow up with services by telehealth as appropriate.

If I [or any of our staff] 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 have to 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/business agreement that we agreed to at the start of our work together.