

# **Aurora Psychological Services**

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

This document contains important information about our decision (yours and mine) to have in-person services in light of the COVID-19 pandemic. 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. 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.

### **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, my other staff, 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. Your signature on this document indicates that you understand and agree to these actions:

- Keep your in-person appointment only if you are symptom free, e.g., no cough, no fever, no runny nose, or other Covid-19 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 won't charge you our normal cancellation fee.
- We require that you wait in your car or outside our building until your appointment time.
- We ask that you wash your hands or use alcohol-based hand sanitizer when you enter the building.
- Adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, don't move chairs or sit where we have signs asking you not to sit.
- Wear a mask in all areas of the office (I and my colleagues will too).

- Keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me or staff.
- If you are bringing your child, make sure that your child follows all of these sanitation and distancing protocols. Only patients, or patients plus one critical care giver, are allowed in our waiting room.
- Please 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 you travel outside of the US you will inform your therapist.
- If a resident of your home tests positive for the infection or you have contact with an individual known to have Covid-19, you will immediately let us know and we will then begin/resume treatment via telehealth.

We 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**

Our practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts in the office. 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, my colleagues and all of our families safe from the spread of this virus. If you show up for an appointment and I or my 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 immediately. We can follow up with services by telehealth as appropriate.

If I, or my colleagues, test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

**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.

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Patient/Client

\_\_\_\_\_

Date

\_\_\_\_\_

Psychotherapist/Psychologist

\_\_\_\_\_

Date