

Louis Hoffman, Ph.D., PC
Licensed Psychologist (Colorado #2897)
655 Southpointe Court, Suite 200
Colorado Springs, CO 80906
Phone: (719) 510-8846
Fax: (877) 403-6856

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

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 (COVID-19 and coronavirus are used interchangeable on this form). 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. Transitioning to telehealth for a period of time also may be mandated by licensing agencies, my insurance provider, or other regulatory agencies.

If you decide at any time that you would feel safer switching to, 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/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 that will help keep everyone (you, me, and our families, 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 coronavirus, you agree to cancel the appointment or proceed using telehealth. If you cancel due to health concerns, there will be no charge for missing the session. ____
- You will wait in your car or outside until the appointment time. I will call you when I am ready. As I will be disinfecting between each session, there may be times where I am a few minutes late. ____

- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. I will have an hands-free sanitizer in the office. ____
- Once arriving in the office area, you will remain standing unless you need to sit for health reasons. As I will be calling you when ready, you should be able to come directly into my office. ____
- You will wear a mask in all areas of the office (I will, too), including during the session. ____
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me [or staff]. ____
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. ____
- If anyone accompanies you, they will wait in the car, not the waiting room. ____
- You agree to leave the office and waiting area as soon as your session is finished. ____
- You will take steps between appointments to minimize your exposure to COVID. ____
- If you have a job that exposes you to other people who are infected, you will immediately let me know. ____
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know. ____
- If a resident of your home tests positive for COVID-19 or displays symptoms of the virus, you will immediately let me know and we will then switch to telehealth or discontinue sessions for at least 14 days of being symptom free. ____
- If you come into close contact with someone who tests positive for COVID-19 or displays symptoms of the virus, you will immediately let me know and we will then switch to telehealth or discontinue sessions for at least 14 days of being symptom free. ____

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 on our website and 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, and others in the office suite as well as all of 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. If I display symptoms of the coronavirus, I will discontinue in-person sessions and get tested immediately. If anyone in my household or other who I come into close contact with test positive for COVID-19 or display symptoms of COVID-19, I will discontinue in-person sessions until I know it is safe.

Your Confidentiality in the Case of Infection

If you have tested positive for the COVID-19, 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.

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

Client

Date

Louis Hoffman, PhD
Licensed Psychologist (Colorado #2897)

Date