



Northeast Psychological Associates

INFORMED CONSENT FOR IN-PERSON SERVICES DURING PUBLIC HEALTH CRISIS

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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. 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, our families, NPA staff and providers, 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. By signing below you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free
- If you have any symptoms of the coronavirus, you agree to cancel the appointment or proceed to using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee.
- 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
- You will wear a mask in all areas of the office
- You will keep a distance of 6 feet and there will be no physical contact
- 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.
- 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 or 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

NPA has taken steps to reduce the risk of spreading the coronavirus within the office. Please let me know if you have questions about these efforts. The following precautions have been adopted to protect our patients and help slow the spread of the coronavirus:

- Office seating in the waiting room has been arranged for appropriate physical distancing.
- All NPA providers and staff wear masks in common areas
- All NPA providers and staff maintain safe distancing.
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
- Hand sanitizer that contains at least 60% alcohol is available in the therapy rooms, the waiting room and at the reception counter.
- Credit card pads and other areas that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected at the beginning of each day.

IF YOU OR I ARE SICK

You understand that I am committed to keeping our patients, providers, staff 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 an NPA provider or staff member 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 or I have tested positive for the coronavirus, we would have to notify the local health department about patients we have seen at 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:

Patient Name: _____

**Signature of Patient or
Legal Representative:** _____ **Date:** _____

**For Northeast Psychological
Associates, PLLC:** _____ **Date:** _____