

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

This document contains important information about the decision made between you (patient) and me (Dr. Paul G. Josell, Psy.D.) 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 signed, this document will be an official agreement between us.

Decision to Meet Face-to-Face

We have agreed to meet in person for some or all of future sessions. However, if there is a resurgence of the pandemic or if other health concerns arise, I may require that we meet via telehealth in order to best minimize risk of exposure. If you have concerns about meeting through telehealth in the future, we will talk about it first and try to address any issues.

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 determined by the insurance companies and applicable law, so that is an issue that may also need to be discussed moving forward.

Your Responsibility to Minimize Your Exposure

You understand that, by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). In opting to receive services in person, you agree to take certain precautions which will help keep everyone (you, me, 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.

- You agree only keep your in-person appointment if you are symptom free. If you experience any symptoms (shortness of breath or cough) or elevated temperature (100 Fahrenheit or more), please cancel or reschedule your appointment as a telehealth session. You will not be charged the normal time-reserved fee.
- Upon arrival in the waiting area for your scheduled appointment, please text (or call and leave a voicemail, if unable to text) at (440) 473-9695, indicating that you have arrived. I will greet you at the scheduled time.
- You agree to wash your hands or use alcohol-based hand sanitizer when you enter the building and/or the office.
- You agree to maintain appropriate distance and avoid physical contact (e.g., no shaking of hands).
- If the additional precaution of wearing a mask in the session is deemed necessary (either by you or me), you agree to adhere to such request. If we do not mutually agree on such safety measure, we may then begin / resume telehealth visits.
- If you have a job (or other activity) that exposes you to other people who are infected, you agree to immediately let me know.
- If a resident in your home tests positive for the infection, you agree to immediately let me know and we will then begin / resume treatment via telehealth.

I may change the above precautions if additional local, state, or federal order or guidelines are published. If that happens, we will talk about any necessary changes. I am committed to taking these steps (and any other in the future) to reduce the risk of spreading the coronavirus within the office.

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 my health is compromised in a manner that may increase risk, I will notify you so that we can take appropriate action. Similarly, if you show up for an appointment and I believe that you have a fever or other symptoms, or believe you have had a high risk of exposure, I will require you to leave the office. We can follow-up with services by telehealth as appropriate.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, I may be required to notify the 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 was completed at the start of our work together.

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

Patient/Client Name

Date

Signature of Patient/Client

Paul G. Josell, Psy.D.