

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

This document contains important information about our decision (yours and mine) to begin or 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 telepractice for everyone's well-being. If you decide at any time that you would feel safer staying with, or returning to, telepractice services, I will respect that decision.

Risks of Opting for In-Person Services

You understand that by attending sessions in-person, 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. **By signing this document, you agree not to hold accountable Expressive Speech and Feeding, LLC for any injury to yourself or family (including but not limited to personal injury, disability, illness, and/or death) that may be experienced in connection with your attendance at Expressive Speech and Feeding in-person services.**

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, 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 telepractice arrangement.

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 believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave our session 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.

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.

Please read and check next to each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are COVID-19 symptom free. Symptoms: cough, sore throat, shortness of breath, difficulty breathing, loss of taste or smell, body aches, chills, fever, muscle pain.
- The client will have their temperature taken at the beginning of each appointment. If it is elevated (99.9 Fahrenheit or more), or if the client or members of the household have other symptoms of the coronavirus, you agree to cancel the appointment. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. Telepractice sessions may be an option if cancelled prior to arrival for in-person services.
- The client will wash hands or use alcohol-based hand sanitizer upon arrival.
- Fully vaccinated adults / caregivers who have shared their vaccination card or picture of it may attend therapy sessions without a mask. More than one adult may attend a session as long as all parties are fully vaccinated. The space only accommodates so many people so please let me know if and when I can be expecting multiple session observers.
- Adults / caregivers who are not vaccinated or do not wish to share their card, must wear a mask in therapy sessions. Only 1 is permitted within the session. Others may observe via Zoom.
- Children that tolerate a mask and who are 2 years of age and above will wear a mask.
- Adults will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me.
- If anyone in your household has a job that exposes you to other people who are infected, you will immediately let me know.
- If anyone in your household's 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 the infection, you will immediately let me know and we will then resume treatment via telepractice.

Expressive Speech and Feeding, LLC 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.

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.

Print Name of Client

Date

Client Date of Birth

Signature of Client or Legal Representative

Relationship to Client