

**Informed Consent**

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 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 (and my staff) know.

If your commute or other responsibilities or activities put you in close contact with others (beyond the persons with whom you reside), you will inform me (and my staff) .

If a resident of your home tests positive for the infection, you will immediately inform me (and my staff)

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will discuss and make necessary changes.

**My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risks of spreading the coronavirus within the office and I have posted my efforts on the 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, (my 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 that you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth or by telephone as appropriate.

If I (or my staff) 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 divulge any details about the reason(s) for your 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 agree to at the start of our work together. Your signature below shows that you agree to these terms. and conditions.

\_\_\_\_\_  
Patient/Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist

\_\_\_\_\_  
Date

