

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

This document contains important information about our decision (yours and your DCFS provider) to resume in-person services during the COVID-19 public health crisis. Please read this carefully and let your DCFS provider know if you have any questions. When you sign this document, it will be an official agreement between you and your DCFS provider.

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, your DCFS provider may request 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 your DCFS provider believes it is necessary, your DCFS provider 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, your DCFS provider 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 that may need to be reviewed.

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; the children, youth and families who receive in-person services; and the DCFS team) safer from exposure, sickness, and possible death. If you do not adhere to these safeguards, it may result in starting or returning to a telehealth arrangement. If your commute, your job, or other responsibilities expose you to people who may be infected (e.g., healthcare worker, childcare provider, other essential worker), please discuss this with your DCFS provider so that this can become a factor in the decision about whether to receive in-office services.

You will take steps between appointments to minimize your exposure to COVID.

- Wash hands frequently.
- Wear a mask while in public.
- Avoid large gatherings.
- Maintain a distance of at least 6 feet from individuals not in your household.

If you, your child/youth or a resident of your home tests positive for the infection, you will immediately let your DCFS provider and / or DCFS Front Desk personnel know. We will then resume treatment via telehealth until the infection and quarantine period have passed.

Your DCFS provider 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.

DCFS's Commitment to Minimize Exposure

DCFS 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.

- Keep your in-person appointment only if you and your child/youth are free of COVID-19 symptoms (e.g., one or more of the following: Fever or chills, cough, shortness of breath or difficulty breathing, recent loss of taste or smell, sore throat, congestion or runny nose, upset stomach or vomiting, diarrhea, muscle or body aches, fatigue).
- If you or your child have an elevated temperature of 100.4 Fahrenheit or more or if you or your child/youth have other symptoms of the coronavirus, you agree to cancel the appointment and we will proceed to meet using telehealth.

During your appointment:

- You will wait in your car or outside and after talking with your therapist by telephone (who will reconfirm you and your child/youth's current health status) you will proceed to meet your DCFS provider who will confirm both you and your child/youth's body temperature via a "scan thermometer" at the designated entrance.
- Upon entering the building, you will wash your hands or use alcohol-based hand sanitizer.
- Everyone (you, the child/youth, your provider, and all of our staff and visitors) will wear a mask upon entering the building and in all areas of the office.
- You, the child/youth and your DCFS provider will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands, no hugs) with the DCFS provider.
- You and your child/youth 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 or Your DCFS Provider Are Sick

You understand that your DCFS provider is committed to keeping you, your child/youth, our team, and all of our families safe from the spread of this virus. We will perform a brief health screening over the phone when we call to remind you of your appointment. If you or your child/youth are experiencing any symptoms of the coronavirus at that time, we will reschedule your appointment. If you arrive for an appointment feeling ill or with a fever, or if your DCFS provider or DCFS Front Desk personnel believe that you have a fever or other symptoms, or believe you have been exposed, your DCFS provider will require you to leave the office immediately. When possible, we will reschedule your appointment via telehealth.

If we believe that you or your child/youth have been exposed to someone who has tested positive for the coronavirus as a result of receiving services from DCFS, we will notify you as soon as we become aware so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you or your child/youth have tested positive for the coronavirus, your DCFS provider may be required to notify local health authorities that you and your child/youth have been in the office. If your DCFS provider is required to report to the local health authorities, then you will be notified. Your provider will only provide the minimum information necessary for data collection by local health authorities. No details about the reason(s) for you and your child/youth's visits will be provided. By signing this form, you are agreeing that your DCFS provider may do so without an additional signed release.

Informed Consent

This agreement adds to the general informed consent that we agreed to at the start of our work together.