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INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19

Effective July 1st, 2021

This document contains important information about resuming in-person services at SPS in light of the COVID-19 public health crisis. Please read this carefully and talk to the Administrative staff or your therapist if you have any questions. When you sign this document, it will be an official agreement between Summit Psychological Services, your therapist and you.

Decision to Meet Face-to-Face

If you are coming to the office for an in-person session, this decision has been reached and agreed upon prior to your appointment. This agreement will cover your session and all future sessions. However, if there is a resurgence of the pandemic or if other health concerns arise, you may be required to continue with or resume Telehealth services. If you have concerns about meeting through telehealth, your therapist will talk to you 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, your therapist 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 you 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 safer from exposure, sickness and possible death. This consent form is required to participate in in-person. Please initial each to indicate that you understand and agree to these actions:

•	You will only keep	vour in-perso	n appointment if you	u are symptom free.
•	I OU WIII OIIIY KEED	VUUI III-DEISU	H abbolittii c iit ii vo	u are symblom nee.

•	You will take your tempera	ture before co	oming to each a	appointment. If	f it is elevated (1	00 Fahre	enheit
or	more), or if you have other	symptoms of	f the coronavir	us, you agree	to cancel the a	ppointme	ent or
pro	oceed using telehealth. If	you wish to	cancel for this	reason, you	won't be charge	ed the no	ormal
cai	ancellation fee.						



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 You will wait in your car or outside [or in a designated safer waiting area] until 5 minutes before yo appointment time.
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 ar testing/therapy room. For example, you won't move chairs or sit where we have signs asking you n to sit
You will wear a mask in all common areas and the waiting room
You will be able to remove your mask if you are Vaccinated in the private offices only are after you have discussed this policy with your therapist
You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands)
• You will try not to touch your face or eyes with your hands. If you do, you will immediately wash sanitize your hands
If you are bringing your child, you will make sure that your child follows all of these sanitation are 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 yo therapist and the Administrative staff know
 If your commute or other responsibilities or activities put you in close contact with others (beyor your family), you will let your therapist and the Administrative staff know.
• If a resident of your home tests positive for the infection, you will immediately let your therapist are the Administrative staff know and then [begin] resume treatment via Telehealth
SPS may change the above precautions if additional local, state or federal orders or guidelines a

published. If that happens, you will be informed about any necessary changes. Updates about our policies

and procedures are kept current on our website: www.SummitPsychologicalServices.com



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SPS Commitment to Minimize Exposure

SPS 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 your therapist or Administrative staff know if you have questions about these efforts.

If You or Your Therapist are Sick

You understand that SPS is committed to keeping you, the therapists and all of our families safe from the spread of this virus. If you show up for an appointment and your therapist believes that you have a fever or other symptoms, or believes you have been exposed, you will be asked to leave the office immediately. You can follow up with services by telehealth as appropriate.

If your therapist or SPS Administrative staff test positive for the coronavirus, SPS will notify you so that you can take appropriate precautions.

Informed Consent

Therapist

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

Client

Date

Parent/Guardian if client is a minor

Date

This agreement supplements the general informed consent/business agreement.

Date