

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

This document contains important information about our decision (yours and mine) to participate 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/phone. If you have concerns about meeting through telehealth/phone, 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 meet by telehealth/phone for everyone’s well-being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth (including phone) services, I will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth/phone services, however, is also determined by the insurance companies and applicable law, so that is an issue we 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 (you, me, our families, my office colleagues, 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/phone arrangement. Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free. \_\_\_\_
- You will ensure that your temperature is not elevated. Please take your temperature before coming to each appointment as needed. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to proceed using telehealth/phone. If you are unable to do telehealth/phone to avoid a cancellation with less than 24 hours notice for this reason, I will not charge you the normal cancellation fee (\$145.00). \_\_\_\_
- You will wait in your car or outside until the time of our appointment. I will meet you at the front door at that time. **Update:** *You can wait in the lobby with a mask. If you are running late, please text or call.*  
\_\_\_\_
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. \_\_\_\_
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me [or others in the building]. \_\_\_\_
- 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 know.  
\_\_\_\_
- If your commute or other responsibilities/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 or is suspected to be positive for coronavirus, you will immediately let me know and we will then begin/resume treatment via telehealth. \_\_\_\_

**Kimberly Ledwa, LLC at 1965 S. Eagle Road, Suite 120, Meridian, ID 83642**

- **Updated:** In the private setting of the therapy room, you are welcome to use a face mask or go without. I will have disposable masks available for your use and mine, if that is requested. Please communicate your preference- I want you to feel safe in this setting. \_\_\_\_
- Remember to always cover your mouth and nose with a tissue when you cough or sneeze, or use the inside of your elbow. Throw used tissues in the trash and immediately wash your hands for at least 20 seconds or use hand sanitizer containing at least 60% alcohol. I will provide hand sanitizer in my office. \_\_\_\_

I 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.

**My Commitment to Minimize Exposure**

I have taken steps to reduce the risk of spreading the coronavirus within my office. As new information is available, I will make changes to reflect the latest recommendations by the State of Idaho and the CDC.

- I will disinfect frequently touched surfaces daily.
- I will disinfect seating in the office and use a UVC sanitizing light between each session to improve air quality and reduce any airborne bacteria and viruses that could be present.
- I will use a triangle of three air purifiers in my office during each session.

**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 the office immediately. We can follow up with services by telehealth as appropriate.

If I, or anyone in my office, 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 after a recent session in my office, I will inform those that may be impacted by this. If I am required to notify local health authorities that you have been in the office, I will only provide the minimum information required while following HIPAA guidelines of confidentiality. 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 agreed to at the start of our work together.

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

\_\_\_\_\_  
Client/ Parent or guardian of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kimberly Ledwa, LLC

\_\_\_\_\_  
Date