

Consents and Authorizations

INFORMED CONSENT FOR IN-PERSON SERVICES DURING PANDEMIC

This document contains important information about our decision to resume in-person services.

Decision to Meet Face-to-Face

Your PRA clinician has 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, PRA/your clinician, may require that appointments meet via telehealth for everyone's well-being.

If you decide at any time that you would feel safer returning to telehealth services, your clinician will respect that decision, as long as it is feasible and **clinically appropriate**. Reimbursement for telehealth services, however, is determined by your insurance company and may not reimburse in the future.

Risks of Opting for In-Person Services

You understand that by coming to the office, even though PRA has followed CDC guidelines for office reopening, 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. If you do not adhere to these safeguards, it may result in your PRA clinician starting/returning to a telehealth arrangement whether covered by insurance or not.

- You will only keep your in-person appointment if you are currently symptom free (fever, cough, difficulty breathing, or experience loss of taste/ smell). If you have any symptoms, you agree to cancel the appointment and proceed using telehealth. If you wish to cancel for this reason, there will be no charge for late cancellation.
- You will arrive no earlier than 5 minutes before your appointment time unless otherwise requested.
- You will wash your hands or use alcohol-based hand sanitizer prior to or when you enter the office.
- You will adhere to the safe distancing precautions we have set up in the waiting room and office keeping 6 feet distance.
- You will wear a mask in all areas of the office and when entering the building.
- You will try not to touch your face or eyes with your hands and avoid handshaking.
- Please only bring individuals necessary for your appointment. If the appointment is for a child, please ensure they uphold our protocols.
- You will take steps between appointments to minimize your exposure to COVID-19 or other health crises.
- If you have a job that exposes you to other people who are infected, you will immediately let us know.
- If you have recently traveled internationally or locally where COVID-19 is a known hotspot, let us know.
- If a resident of your home tests positive for the infection, you will immediately let us know and we will then begin/resume treatment via telehealth.

PRA Commitment to Minimize Exposure

PRA 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 us know if you have questions about these efforts.

If You or Your Clinician Are Sick

If you show up for an appointment and we believe that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If any staff you have come in contact with or your clinician tests positive for the coronavirus, PRA 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, PRA may be required to notify local health authorities that you have been in the office. If PRA has to report this, PRA will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your visits. By signing this form, you are agreeing that PRA may do so without an additional signed release.

Informed Consent

This agreement supplements the Consents and Authorizations that were agreed upon at the start of treatment.

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

Patient Name Print

Patient Signature (age 12 and older)

Family Member/Other Party Signature

Family Member/Other Party Signature

Clinician Name

Date