



COVID-19 Precautions

INFORMED CONSENT FOR IN-PERSON SERVICES

This document contains important information about our decision (yours and mine) to resume in-person services in light of the COVID-19 public health risk. 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.

My Commitment to Minimize Exposure

The following steps are being taken to reduce the risk of spreading the coronavirus within the office and home visits. Please let me know if you have questions.

- **If YOU or YOUR CHILD are ill, specifically fever, coughing, or nasal drainage please do not come to therapy.** Specific to nasal drainage, if your child is unable to use a tissue to wipe their nose or is not aware of drainage of any kind please do not come to therapy.
- **I will be taking your child's temperature with a touchless thermometer before each session. If you chose to attend therapy with your child you must have your temperature taken as well.**
- Your child and I will **wash hands for 20 seconds before and after therapy.**
- The following items will not be used in the office: Coffee maker, bean bag, upholstery chair, soft toys, playdough, and for the time being, oral motor tools
- If I come into your home I will change into socks at the door. At my office, I ask that you and your child remove your shoes.
- At the beginning and end of each session, all surfaces (tables, chairs, pen, and toys will be wiped with Clorox wipes, or if an item is not able to be quickly cleaned it will be taken out of commission to be cleaned when I have more time.
- **No siblings (in the office).** I know this is a hardship so here is what we can do: Text me when you arrive, and I will come out and get your child from the car and walk them in and walk them out. The front door can be used as needed for this transition. You can also choose to stay in the car while your child is in therapy and I can walk your child in and out of therapy.
- Parents are still welcome in therapy, but I ask that you wipe the chair after you leave and any surface that you touch. Clorox wipes will be provided. Additionally, **the waiting area will be closed** so if you do not sit in the therapy room you will be asked to wait in the car.

- Sessions may be shortened, as follows, to allow for extra cleaning and time between clients.
 - 1-hour sessions will be 45 mins
 - 40-45 mins sessions will be shortened by 5-7 mins
 - 30 min sessions will end 3 mins early to wash hands
- Mask: All adults must wear a mask to enter the office. Mask are optional for children and at your discretion. Please let me know if you would like them to leave it on during the session so we can discuss if that is feasible for therapy.
- I will be using a plexiglass divider or a face shield (I have both) and mask. I will be handwashing before and after each session. Clothing protectors and gloves as needed.

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. If you have concerns about meeting through telehealth, 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 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, I 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 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).

Informed Consent

This agreement supplements the general informed consent/business agreement that we agreed to at the beginning of the year or when I evaluated your child.

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

Child’s name

Parent/guardian

Date