

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## **Consent for Returning to In-Person Psychiatric Services**

This Consent for Returning to In-Person Psychiatric Services is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Please read this document carefully, and let me know if you have any questions.

The threat of COVID-19 is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, I have transitioned to providing most services via telecommunications technology. Use of telecommunications technology reduces the need for persons to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, in some situations, teletherapy services may not be adequate, and in-person services may be more appropriate.

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. It is possible that a return to remote services will be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but I will make the final determination based on a careful weighing of the risks and applicable regulations.

I remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in the office. I may change the precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

Despite my careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in the office. This risk may increase if you travel by public transportation, cab, or ridesharing service. If, at any point, you prefer to stop in-person services or to consider transitioning to remote services, please let me know.

### **My Commitment to Minimize Exposure**

I have taken steps to reduce the risk of spreading the coronavirus within the office. These protocols are included in this packet under the section **Infection Prevention Protocol for Outpatient Visits**. These are also listed on my website [kbhealth.org](http://kbhealth.org). Please let me know if you have questions about these efforts.

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## **Consent for Returning to In-Person Psychiatric Services** (continued)

### **Your Commitment to Minimize Exposure**

In order for me to provide you with in-person services, the following protocols must be followed by patients:

- Social distancing requirements must be met, meaning that you must maintain a six-foot distance from others while in offices, waiting rooms, and other areas.
- A face covering is **required** to enter the building and must be worn in all common areas by everyone who enters the building. If you do not have a face covering, one will be provided to you.
- You agree to wash or sanitize your hands upon entering and exiting the building.
- There will be no physical contact with others in the office.
- You will be asked to wait in your vehicle or outside the office until 5 minutes before your session.
- Waiting in the waiting area for more than a few minutes is prohibited.
- You agree to complete the **COVID-19 Questionnaire** before **each** session. If you answer “yes” to **any** of the items on the questionnaire, you agree not to come into the building until we discuss your questionnaire.
- You will only keep your in-person appointment if you are symptom free.
- You will take your temperature before coming to each appointment. If it is elevated (100 degrees Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the in-person appointment. If you need to cancel for this reason, please let me know so that I do not charge you a cancellation fee.
- Upon coming in for your appointment, I will take your temperature using a non-contact digital thermometer and if elevated (100 degrees Fahrenheit or more) we will need to cancel your in-person appointment.
- Guests are not permitted to enter the suite unless there are extenuating circumstances that we have discussed ahead of time. Any guests that are coming to your appointment must follow all of these protocols.
- If the elevator is occupied, **do not** enter it until the cabin is empty.
- If you or someone you have been in contact with becomes positive for COVID-19, please let us know **immediately**. I will need to let the building managers know so that they may initiate their disinfection protocol. Also, I may be required to notify local health authorities that you have been in the office. If I have to report this to local authorities, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits.

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**Consent for Returning to In-Person Psychiatric Services** (continued)

**In-person services are appropriate at this time for your situation because:**

\_\_\_ We need to determine the efficacy of medication

\_\_\_ You are having motor side effects to your medication

\_\_\_ You are on an antipsychotic medication that requires physical monitoring

\_\_\_ Your symptoms have significantly worsened

\_\_\_ There are difficulties communicating via the telehealth video platform which reduce the efficacy of treatment in a significant way

Other: \_\_\_\_\_

**By signing below, you:**

1. Understand that in-person treatment carries the risk of acquiring COVID-19 and transmitting this infection to your close contacts.
2. Acknowledge that I have provided you with written information regarding the categories of individuals who are at higher risk of complications from COVID-19.
3. Acknowledge that we have verbally discussed the risks of COVID-19 infection to you and your close contacts as a result of in-person treatment and that all of your questions and safety concerns have been answered.
4. Understand that you have the option to return to telehealth at *any* time.
5. Have reviewed and agree to the terms listed above in **Your Commitment to Minimize Exposure**.
6. Understand and permit me to notify the building manager if you become infected with COVID-19 and have been on the premises (personal information will be kept confidential).
7. Understand and permit me to notify local health authorities when indicated (I will provide only the required information).
8. Agree that I may notify the building manager and local health authorities *without* an additional signed release.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mona Maaty, MD

\_\_\_\_\_  
Date