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

This document contains important information about our decision (yours and mine) to initiate 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. 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). 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, and our families, my other staff 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 arrangement. **Initial each of the items below 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 monitor yourself for symptoms of coronavirus and agree to cancel the appointment or request a telehealth appointment even if experiencing mild symptoms. If you wish to cancel for this reason, you will not be charged a cancellation fee. [REDACTED]
- You agree to have your temperature taken when you arrive at the office and before our appointment. If your temperature is elevated (99° Fahrenheit or more), we will need to reschedule your appointment or shift it to telehealth. If the appointment is rescheduled for this reason, you will not be charged a late cancellation fee. [REDACTED]
- Please arrive no more than 5 minutes before your scheduled appointment time. Once you arrive, call the front office at (334)821-3350 and our administrative assistant will direct you with next steps. (Which may involve you waiting in your car or outside in the courtyard area until it is time for your appointment.) [REDACTED]
- You will wash your hands or use alcohol-based hand sanitizer provided by our office when you enter the building. [REDACTED]
- You will wear a mask in all areas of the office, as will I and my staff. If you do not have a mask, we will provide one for you. [REDACTED]
- You will keep a distance of six feet from others and there will be no physical contact (e.g., no shaking hands) with me or staff. [REDACTED]
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. [REDACTED]
- If you are bringing your child to the office, you will make sure that your child follows all of these sanitation and distancing protocols. [REDACTED]
- You will take steps between appointments to minimize your exposure to COVID. [REDACTED]
- If you have a job that exposes you to other people who are infected, you will immediately let me and my staff know. You may be asked to shift treatment to telehealth. [REDACTED]
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me and my staff know. [REDACTED]
- If a resident of your home tests positive for the virus, you will immediately let me and my staff know and we will then shift treatment to telehealth. [REDACTED]

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**

Our practice has taken the following precautions to protect our patients and help slow the spread of the coronavirus:

- The waiting room inside the building will not be used.
- We ask all patients to wait in their vehicle or in the office courtyard (keeping a six-foot distance from others) until they are asked to enter the building.
- Hand sanitizer that contains at least 60% alcohol is available upon entry to the building, in the restroom, and in each of the offices within the building.
- Psychologists and staff will all wear masks.
- Psychologists and staff will maintain safe distancing.
- Office seating within the psychologists' offices have been arranged for appropriate physical distancing.
- Psychologists' offices are sanitized between appointments.

- Restroom soap dispensers are maintained and psychologists, staff, and patients are encouraged to wash their hands thoroughly and frequently.
- In-person appointments are scheduled at specific intervals and on alternating days to minimize the number of people in the building at any one time.
- Patients' payment cards are kept on file and copays are charged to the cards after the therapy session has been completed in order to eliminate the exchange of credit cards, receipts, and pens between multiple people.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are disinfected throughout the day and thoroughly at the end of each day.

**If You or I Are Sick**

You understand that I am committed to keeping you, me, our families, my staff, and other patients safe from the spread of the virus. If you show up for an appointment and I or my office staff 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 my staff 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, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reasons for our visits. 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.

\_\_\_\_\_

Patient

\_\_\_\_\_

Psychologist

\_\_\_\_\_

Date

\_\_\_\_\_

Date