Hampden Psychological Consultation, PLLC

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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 resume inperson 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, other staff, other patients, contractors and those that sublet space in the building) 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 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 take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee.
- You will wait in your car or outside until your provider calls to you to indicate that you may enter the building.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- You will wear a mask in all areas of the office (myself, other staff, other patients, contractors and those that sublet space in the building will too).
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me or staff.

| Parent/Guardian | Date |
|---|---|
| Patient/Client | Date |
| Your signature below shows that you agree to these ter | ms and conditions. |
| Informed Consent This agreement supplements the general informed consthe start of our work together. | sent/business agreement that we agreed to at |
| Your Confidentiality in the Case of Infection If you have tested positive for the coronavirus, I may that you have been in the office. If I have to report this necessary for their data collection and will not go into By signing this form, you are agreeing that I may do so we have the confidence of the coronavirus. | s, I will only provide the minimum information any details about the reason(s) for our visits |
| If I or my staff test positive for the coronavirus, I will precautions. | notify you so that you can take appropriate |
| If You or I Are Sick You understand that I am committed to keeping you, the spread of this virus. If you show up for an appoint have a fever or other symptoms, or believe you have be the office immediately. We can follow up with services I | ment and I or my office staff believe that you en exposed, I will have to require you to leave |
| My Commitment to Minimize Exposure My practice has taken steps to reduce the risk of spread have posted our efforts on our website and in the office about these efforts. | _ |
| I may change the above precautions if additional loc published. If that happens, we will talk about any neces | |
| me and my staff know If your commute or other responsibilities or a (beyond your family), you will let me and my sta If a resident of your home tests positive for the staff know and we will then [begin] resume treat | ff know infection, you will immediately let me and my |
| If you are bringing your child, you will make sure and distancing protocols. You will take steps between appointments to mi If you have a job that exposes you to other peo | nimize your exposure to COVID |
| | |
| You will try not to touch your face or eyes with wash or sanitize your hands | n your hands. If you do, you will immediately |

| Psychologist Psychologist | |
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Office Safety Precautions in Effect During the Pandemic

Our office is taking the following precautions to protect our patients and help slow the spread of the coronavirus.

- We ask that you bring and wear a mask.
- My staff and I wear masks.
- · My staff maintains safe distancing.
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
- Hand sanitizer that contains at least 60% alcohol is available in the therapy/testing rooms, the waiting room.
- We ask all patients to wait in their cars until your provider calls you to indicate that you may enter the building.
- Credit card pads, pens and other areas that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- All areas are thoroughly disinfected between each person and at the end of each day.

