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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 in-person services in light of the 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 agreement between us.

The decision to Meet Face to Face

We've 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 <https://doxy.me/drberchick>. If you have concerns telehealth, we'll talk about it first and try to address the issue. 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 clinically appropriate.

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 risks). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

Please refer to the below COVID checklist and sign before each session.

COVID Safety Checklist

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, and other patients) safer from exposure, sickness and possible death. Your failure or refusal to adhere to these safeguards 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 the standard cancellation fee. _____
- If you do not know your current temperature when you arrive, I will approach you and take a no-touch thermometer reading _____
- I will leave myself time between sessions to wipe off all services with a sanitizer _____
- You will wash your hands or use hand sanitizer when you enter my office. _____
- We will attempt to adhere to the safe distancing precautions except for the temperature reading. _____
- You will wear a mask in all areas of the office. _____

- You will keep a distance of 6 feet, and there will be no physical contact (e.g., no shaking hands) with me. _____
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. _____
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. _____
- You will take steps between appointments to minimize your exposure. _____
- If you have a job that exposes you to those who are infected, you will let me know. _____
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know. _____
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin or resume treatment via telehealth. _____

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

- Office seating in my waiting room and therapy office is conducive to appropriate physical distancing. Please call me when you arrive at my parking-lot for your appointment. I am requesting that you enter then turn the door handle to lock the main door. I will have the door in the waiting area opened so you may enter the therapy office have a seat at the left side of the loveseat, or if you choose, you may use the rest-room before being seated. Please call me when you are comfortable, and I will enter using my work office door, maintaining standard safe social distancing. The waiting room door and my work office door will remain open to maximize ventilation. I will attempt to have at least one purifying fan (sealed HEPA and Activated Carbon Filters) operating or may choose to leave a window opened). At the end of the session, I will return to my work office, at which time you may exit the office. Payment can be made through Zelle using my Gmail address. After you leave, I will have surfaces again wiped down with a sanitizing agent. I have removed articles (all pillows and candy dishes in my office) that are more difficult to disinfect in between sessions. I try to schedule clients at times that allow me to disinfect surfaces as much as possible. Restroom soap dispensers are maintained, and everyone is encouraged to wash their hands.
- Hand sanitizers that contain at least 60% alcohol are available in the therapy office and the waiting room.
- I schedule appointments at intervals to allow for all common areas to be disinfected.
- Physical contact is not permitted.
- Face masks are to be worn by each of us, and I am in the process of acquiring face shields for both of us to use.

- Tissues and trash bins are easily accessed. Trash is disposed of frequently.
- Common areas are again thoroughly disinfected at the end of each day.

For virus updates, please visit the CDC website <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html> and also your state or local public health website.

Check frequently for new developments.

We will adjust safety policies when applicable.

If You or I Are Sick

You understand that I am committed to keeping you, me, and all of our families safe from the spread of this virus. If you show up for an appointment and I discover that you have a fever or other symptoms, or think you were exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate. _____

If I 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 been exposed to the coronavirus or 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 follow strict and secure reporting protocols of the Pennsylvania Psychological Association [ppa.org], which are more protective of preserving confidentiality than the American Psychological Association [APA.org]). I will only provide the minimum information necessary for their data collection and will not go into any details of the reason(s) 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/Client

Date

Therapist

Date