

INFORMED CONSENT FOR IN-PERSON TREATMENTS DURING COVID-19

Risks of opting for in-person services

You understand that by coming to the TPPT clinic , you are assuming the risk exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation .

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, and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safe guards, it may result in our starting / returning to a Telehealth session. 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. _____
- Your will agree to have your temperature taken before coming to each appointment. If it is elevated (99 Fahrenheit temporal 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, your will not be charged a late cancellation fee. _____
- Your will wait in your car or outside until no earlier than 5 minutes before your appointment time. _____
- 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 clinic _____
- You will take steps between appointments to minimize your exposure to COVID ____
- If you have a job that exposes you to other people who are infected, you will immediately let Theresa know. _____
- If a resident of your home tests positive for the infection , you will immediately let Theresa know. Telehealth sessions may be used as appropriate.

MY COMMITMENT TO MINIMIZE EXPOSURE

TPPT has taken steps to reduce the risk of spreading the coronavirus within the clinic. Please let Theresa know if you have questions about these efforts.

IF YOU OR THERESA BECOMES SICK

You understand that Theresa is committed to keeping you, herself, and our families safe from the spread of this virus. If you show up for an appointment and show signs of fever or other symptoms , or believe you have been exposed, Theresa will require you to leave the office immediately. We can follow up with services by Telehealth as appropriate.

Informed Consent This agreement supplements the general informed consent agreement . Your signature below shows that you agree to these terms and conditions>

Patient Signature

Date