

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

This document contains important information regarding the inherent risk we are both accepting by agreeing to meet face-to-face during the novel coronavirus public health crisis. Please read this information carefully and let me know if you have any questions. When you sign this document, it will represent 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 novel coronavirus or if other medical concerns arise, I may require that we meet via telehealth or reschedule our appointments to a future date. If you have concerns about meeting through telehealth, we will talk about your concerns and try to address any issues. Please know that I am currently choosing not to conduct testing via telehealth due to concerns regarding the reliability and validity of testing results obtained in this manner. We can talk about this further if you wish. You understand that, if I believe it is necessary, I may determine that we return to telehealth or reschedule face-to-face appointments to a future date 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. Patients are responsible for verifying their own benefits using telehealth administration and agree to pay for all services in full that your insurance does not cover.

Please know that if at any time you decide that you would prefer to cancel or postpone your appointment, you are able to do so.

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). You also understand that it may be necessary to disclose your contact information to the Department of Health for contact tracing should discovery of an infection associated with someone who was in my office suite arise. This could include myself and/or my patients, a household member of myself and/or my patients, and/or other providers within this office space and/or their patients and household members. If this circumstance arises, please note that no information regarding the purpose of our meeting will be disclosed.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, Dr. Jensen, our families, other providers, and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our needing to use telehealth and/or reschedule our appointments to a future, possibly undetermined, date.

Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment only if you and other members of your household 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 appropriate. If you wish to cancel for this reason, you will not be charged a cancellation fee. _____
- Temperatures of patients will also be taken upon arrival to the office. _____
- You will wait in your car until our designated appointment time. Please do NOT come to the office early or ahead of time _____
- Parents/guardians may be required to remain outside of Dr. Jensen's office (depending upon a child's age and circumstances – this will be discussed in advance) during an assessment

appointment. You agree to do so if requested. If circumstances dictate that a parent/guardian needs to remain in the office suite, only one will be allowed. _____

- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. _____
- You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit. _____
- You will wear a mask in all areas of the building (All providers will too). If you do not have a mask, one will be provided to you. _____
- You will keep a distance of 6 feet whenever possible and there will be no physical contact (e.g. no shaking hands) with Dr. Jensen _____
- 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 to an appointment, you will make sure that your child is able to follow sanitation and distancing protocols as much as is possible. _____
- You will take steps between appointments to minimize your exposure to COVID-19. _____
- If you have a job that exposes you to other people who are potentially infected, you will immediately let me know. _____
- If your commute or other responsibilities or activities put you in close contact with others outside of your household, you will let me know. _____
- If a resident of your home tests positive for COVID-19 infection, you will immediately let me know. _____

The above precautions may change if additional local, state or federal orders or guidelines are published. If this occurs, we will talk about any necessary changes.

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading COVID-19 within the office. These steps are included below and are posted in the office. Please let me know if you have questions about these efforts.

- Office seating in the waiting room and in therapy/testing rooms has been arranged to maximize physical distancing.
- All providers will have their temperature taken at least once daily. For patients who are being seen over multiple hours, the provider will take their temperature in the morning and mid-day.
- All providers wear masks.
- All providers maintain 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 waiting room and all therapy/testing rooms.
- We schedule appointments at specific intervals to minimize the number of people in the waiting room.
- We ask patients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
- Areas and materials that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted, including handshakes.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected between appointments and at the end of each day.

If You or I Are Sick

You understand that Dr. Jensen is committed to keeping you, herself, other providers in the office, other patients, and all of our families safe from the spread of this 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 other providers in the office test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If I, you, or others who have been in the office 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 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 for my practice and our work together.

Your signature below shows that you agree to these terms and conditions.

Patient/Child's Printed Name

Parent/Guardian's Printed Name (if child under 18)

Patient and/or Guardian's Signature

Date

Jenise Jensen, Ph.D.

Date