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***AND***

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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 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, could change as this is determined by the insurance companies and applicable law. So know that that is an issue we may need to discuss as these policies evolve.

### **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 related service, or ride-sharing service. Please note that it is possible for other individuals to be unaware that they are carrying the virus. These individuals may have been present in the office setting. However, all individuals who enter the building are being asked to abide by the following requests and to not come should they have any indication they have been exposed. Although every effort is being made to minimize risk and to sterilize between patients, there is always the potential for risk.

### **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 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 agree to only keep your in-person appointment if you are symptom free. \_\_\_
- If your temperature is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, please consider having the session via telehealth. If you wish to cancel for this reason, I won't charge the normal cancellation fee. \_\_\_

- Upon arrival, please text that your provider that you are here from the parking lot. Dr. Sturgeon Freitas' cell: 208-514-6335; Holly Hudson Nogle's cell: 208-919-4517. Please wait in your car or outside until I text back or instruct you to enter so that I can clean in between clients. \_\_\_\_
- Please wash your hands or use alcohol-based hand sanitizer when you enter the building. I will have sanitizer available for you to use. \_\_\_\_
- Please do not hangout in the waiting area unless this agreed upon with your provider. If you do use a waiting room chair, please let us know so that it can be sterilized. \_\_\_\_
- Please adhere to the safe distancing precautions I have set up for therapy rooms. \_\_\_\_
- Please note that not everyone who has been in the office has worn a mask. You will not be obligated to wear a mask, but I will have some available should you feel more comfortable. \_\_\_\_
- Please keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me. \_\_\_\_
- Please try to refrain from touching your face or eyes with your hands. If you do, you may be asked to sanitize your hands. \_\_\_\_
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. \_\_\_\_
- Families and children will be asked to use sanitizer prior to playing with any toys or board games. \_\_\_\_
- Please take steps between appointments to minimize your exposure to COVID. Should you engage in any higher risk activities, please let your provider know so that we can decide how to proceed for the next few sessions. \_\_\_\_
- If you have a job that exposes you to other people who are infected, please immediately let your provider know. \_\_\_\_
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), please let your provider know. \_\_\_\_
- If a resident of your home tests positive for the infection, please immediately let your provider know and we will then [begin] 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**

These two practices have taken steps to reduce the risk of spreading the coronavirus within the office. Please let me know if you have questions about these efforts.

### **If You or I Are Sick**

You understand that I am committed to maintaining steps to reduce the risk of spreading the coronavirus within the office, thereby helping to keep you, me, and all of our families safe from the spread of this virus. If you show up for an appointment and I believe that you have a fever or other symptoms, or believe you have been exposed, I will 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 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 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

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date

## Office Safety Precautions in Effect During the Pandemic

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

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- Asking clients to minimize use of waiting areas and wait in their cars or outside until instructed to come inside.
- Office seating in therapy rooms has been arranged for appropriate physical distancing.
- Office rooms are rotated when possible in between clients.
- Office doors can remain open for increased air flow when agreed upon with the client and confidentiality can be maintained.
- Outside appointments can be arranged should the client desire. Benefits and drawbacks will be thoroughly discussed prior to this occurring.
- The providers in this office maintain safe distancing.
- Masks are available for clients, should they want one.
- Soap and hand sanitizer is available and everyone is encouraged to begin each appointment by using these products. Hand sanitizer is available in every therapy room and in the waiting room.
- These products are being routinely sanitized themselves.
- Pens and other areas that are commonly touched are thoroughly sanitized after each use.
- Credit cards will be held by the individual card holder while the provider holds the phone and reader. The provider will sign an "x" or other similar method for the signature. Credit cards can also be manually inputted or an invoice sent via square.
- Physical contact is not permitted.
- Toys are disinfected after each use.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected at the end of each day.
- Fabric is disinfected at the end of each day.
- Telehealth appointments remain available for all clients.