



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

This document contains important information about in-person services in light of the COVID-19 public health crisis. Please read this carefully.

I KNOWINGLY AND WILLINGLY CONSENT TO IN-PERSON SESSIONS OR FACE TO FACE SESSIONS WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH THE COVID-19 INCLUDING THE FOLLOWING:

- ◇ I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.
- ◇ I am not experiencing any of the following symptoms of COVID-19: fever, shortness of breath, dry cough, runny nose, sore throat, or loss of taste or smell.
- ◇ I have not knowingly been in close contact (defined as 6 feet/1.8 meters or less for a duration of fifteen minutes or more) with someone who has tested positive for COVID-19 in the last 14 days, or with anyone that has had the above stated symptoms in the last 14 days.
- ◇ I have not traveled outside of my country of residence in the past 14 days. I have not traveled domestically by commercial airline within the last 14 days. I have not travelled by bus or train without taking appropriate precautions within the last 14 days.
- ◇ I 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 understand that telehealth services may be available.
- ◇ I understand that if at any time I decide that I would feel safer staying with, or returning to, telehealth services, as long as it is feasible and clinically appropriate, I may so request.
- ◇ I understand that by coming to the clinician's workspace, I am assuming the risk of exposure to the coronavirus (or other public health risk) and that this risk may increase if I use public transportation, cab, or ridesharing service.

Precautions

- ◇ I will only keep my in-person appointment if I am symptom-free.



- ◇ I will take my temperature before coming to each appointment. If it is elevated (100 Fahrenheit/37.7 Celsius or more), or if I have other symptoms of the coronavirus, I agree to cancel the appointment and request telehealth services.
- ◇ I will wait in my car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time.
- ◇ I will wash my hands or use alcohol-based hand sanitizer when I enter the building.
- ◇ I will keep a distance of 6 feet/1.8 meters and there will be no physical contact (e.g. no shaking hands) with anyone in the clinician's workspace.
- ◇ I will adhere to the above-mentioned safe distancing precautions and any additional precautionary measures posted and/or set up in the clinician's workspace. For example, I won't move chairs or sit where there are signs asking me not to sit.
- ◇ I will wear a mask in all areas of the clinician's workspace.
- ◇ If I am bringing my child, I will make sure that my child follows all of these sanitation and distancing protocols.
- ◇ I will take steps between appointments to minimize my exposure to COVID-19.
- ◇ If I have a job that exposes me to other people who are infected, I will disclose this to the clinician before any in-person appointment.
- ◇ If my commute or other responsibilities or activities put me in close contact with others (beyond my family), I will let the clinician know.
- ◇ If a resident of my home tests positive for the infection, I will immediately let the clinician know. I understand that any in-person appointments will then be converted to telehealth services, if appropriate.
- ◇ I understand that these precautions may change if additional local or national orders or guidelines are published.
- ◇ I am informed that you and your staff have implemented preventative measures intended to reduce the spread of COVID-19. However, given the nature of the virus, I understand there may be an inherent risk of becoming infected with COVID-19 by proceeding with this in-person appointment.
- ◇ WITH FULL AWARENESS AND APPRECIATION OF THE RISKS INVOLVED, AND TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, I HEREBY ACKNOWLEDGE AND ASSUME ALL RISKS RISING FROM THIS APPOINTMENT AND HEREBY FOREVER RELEASE, WAIVE AND DISCHARGE WORKPLACE OPTIONS, ITS EMPLOYEES, OFFICERS, AFFILIATES, PROVIDERS, INDEPENDENT CONTRACTORS, SUCCESSORS AND ASSIGNS (FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, AND CAUSES OF ACTION WHATSOEVER, DIRECTLY OR INDIRECTLY ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME



RELATED TO COVID-19 WHETHER CAUSED BY WORKPLACE OPPTIONS OR ANY THIRD-PARTY.

- ◇ I am informed and agree that if a dispute arises under this Informed Consent it shall be governed by and pursuant to the laws of the jurisdiction of the defending party; and any dispute resolution proceeding shall be conducted by arbitration pursuant to the rules of arbitration as established by the International Chamber of Commerce (“ICC”), conducted by one arbitrator as appointed by the parties on mutual consent, or in the absence of agreement, accordance with the rules of the ICC. The proceedings shall be conducted in English, and the venue for any such dispute shall be as mutually agreed by the parties. I further agree that any ICC award with regard to the dispute shall be final and binding and no appeal will be applicable.

I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT FOR IN-PERSON SERVICES. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION FOR SERVICES AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM ALL PROVIDERS IN THIS WORKSPACE NOW AND IN THE FUTURE

Participant

Date