



H. DENISE WOOTEN, PSYD

LICENSED PSYCHOLOGIST

## Consent for In-Person Psychological Services

This Consent for In-Person Psychological Services is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Please read this document carefully, and let me know if you have any questions.

The threat of COVID-19 is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, our practice uses Doxy.me telecommunications technology. Use of telecommunications technology reduces the need for persons to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, teletherapy services may not always be adequate.

We have determined that in-person services are appropriate at this time for your situation for the following reason(s):

- Initial consultation.
- Evaluation will require the administration of assessments which are not available nor can be administered remotely and the collection of data must be in person.
- There is not adequate technology or network services to participate in teletherapy.
- Psychologist-Patient mutual agreement for in-person therapy services.

In-person services are based on current conditions and guidelines. It is possible that a change to remote services will be necessary at some point based on consideration of health and safety issues. Such a decision will be communicated to you based on a careful weighing of the risks and applicable regulations. It is also important to consider that, although insurance reimbursement for teletherapy services may have been mandated during the COVID-19 pandemic, such mandates may no longer be in effect, and teletherapy may no longer be reimbursed by your insurance company.

In order for me to provide you with in-person services, the following protocols must be followed by patients/clients and providers: (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>)

- Social distancing requirements must be met, meaning that you must maintain a six-foot distance from others while in offices, our shared lobby space and other areas. Patients/Clients may wait in their vehicles until notified by my staff to enter into my office.
- Patients/clients and providers will be required to wear face coverings or masks while in the office. If you do not have a face covering, one will be provided to you.

- Hand sanitizer will be provided at the office entrance and must be used upon entering the office spaces.
- There will be no physical contact with others in the office. Only necessary exchange of documents will occur in order to meet the needs of the evaluation process (intake paperwork, exchange of assessment materials, etc.). Any receipts, financial statements, reports or original documents will be emailed or mailed as needed.
- You agree not to present for in-person services if you have a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19 or if you have been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks. You agree to notify my office of cancellation of appointment as soon as possible to avoid late cancellation/no show fees. **If you are bringing a child or other dependent in for services, you agree to ensure that both you and your child/dependent follow all of these protocols.**

As COVID-19 regulations continue to evolve, I may become legally required at some point to disclose that you and I have been in contact, especially if either of us were to test positive or show signs of COVID-19 infection. If I am legally compelled to disclose information, I will inform you and will only provide the minimum necessary information (e.g., your name and the dates of our contact) required by law.

We remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. If, at any point, you prefer to stop in-person services or to consider transitioning to remote services, please let me know.

By signing below, you acknowledge that you understand that there is still a potential risk of exposure and that you agree to follow the safety protocols outlined above in order to engage in in-person services.

\_\_\_\_\_  
Patient/Client

*H. Denise Wooten PsyD*

\_\_\_\_\_  
Psychologist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date