

Informed Consent for In-Person Services During COVID-19 Public Health Crisis

This document contains important information about our decision (your and our) 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. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to be spread from person-to-person contact and/ or by contact with contaminated surfaces, and even possibly in the air. People can reportedly be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is not a known treatment, care, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illnesses and even death.

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, if other health concerns arise, and/or laws change, however, I may require that we meet via telehealth. If you have concerns about meeting via telehealth, we will talk about it first and try to address any concerns. 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, is determined by the insurance companies and applicable laws. If we have a previous private pay agreement, we will need to discuss and resolve it.

Risks of Opting for In-Person Services: You understand that by coming to the office or receiving services in your home, 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, rideshare airplane, or travel out of the state of WI.

Your Responsibility to Minimize Your Exposure: To obtain services in person, you agree to take certain precautions, which will help keep everyone safer from exposure, sickness, and possible death. If you do not adhere to these safeguards, it may result in our starting/ returning to telehealth services. I agree to each and all of the following: **(1)** You will only attend your in-person session if you are symptom free, **(2)** If you have an elevated temperature or other symptom of coronavirus, you agree

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to cancel our session or utilize telehealth. If you cancel for this reason, you will not be charged for doing so, **(3)** If out-patient, you will contact the clinic on arrival. You will wait in your vehicle until the receptionist lets you know to come in for your session, **(4)** For out-patient services, on entering the building you will either wash your hands in the restroom or use the hand sanitizer, **(5)** You will adhere to social distancing guideline (at least 6 feet apart), including no physical contact, **(6)** You will wear a face mask, covering mouth and nose, throughout the building and during in-home sessions. The only exception will be at your provider's discretion in their office, if out-patient, **(7)** You will try not to touch your face or eyes. If you do, you agree to use the hand sanitizer, **(8)** Everyone (client, parent/ guardian, siblings, staff, etc.) will adhere to this Informed Consent form, **(9)** Everyone will takes steps between sessions to minimize exposure to COVID-19, **(10)** If you are exposed to anyone known to be COVID-19 positive, you will inform the clinic as soon as possible (before your next session). **I may change the above precautions if additional local, state, or federal orders or guidelines are published. If that happens, you will be informed of all necessary changes.**

My Commitment to Minimize Exposure: Power for Change, LLC has taken steps to reduce the risk of spreading the coronavirus within the office and the community. We have posted our efforts in the office and on our website. Please let me know if you have any questions.

If You, I, or Another Staff Member Are Sick: You understand that I am committed to keeping everyone safe from the spread of this virus. At the start of an appointment, if I or another staff member believes that you have a fever or other coronavirus symptom or we believe that you have been exposed, the session will be ended immediately. You will not be billed for the session. We can follow up with telehealth services as appropriate. If I or any staff member tests positive for the coronavirus, the office will notify you so you can take appropriate measures.

Your Confidentiality in the Case of Infection: If you have tested positive for the coronavirus, I may be required to notify local health authorities. If so, I will only provide the minimum information necessary for their data collection. Details for the session will not be released. By signing this Informed Consent form, you are agreeing that I can do so without a signed Release of Information form.

Informed Consent: This agreement supplements the general informed consent form/ business agreement that we agreed to at the start of our work together.

Power for Change Waiver of a Lawsuit/ Liability: I hereby choose to accept the risk associated with this pandemic. I hereby release and waive my rights to bring suit against Power for Change and its owner, officers, directors, managers, officials, agents, employees, independent contractors, or other

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representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Power for Change's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injury, death, disease, or property losses, or any other losses, including but not limited to claims of negligence and give up any claim I may seek damages, whether known or unknown, foreseen or unforeseen.

Choice of Law: I understand and agree that the law of the state of Wisconsin and any applicable county or federal law will apply to this contract.

I have carefully read and fully understand all provisions of this release, and freely and knowingly assume the risk and waive my rights concerning liability as described above.

(print and sign, client is 14 years or older)

(Date)

(print and sign; staff member, adult client, or parent/ legal guardian of above)

(Date)

(print and sign, Power for Change representative)

(Date)