



## Leslie Hannon, Psy.D., LLC

Dr. Leslie Hannon, Clinical Psychologist  
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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**

I, \_\_\_\_\_ knowingly and willing consent to have Leslie Hannon, Psy.D. provide in-person services during the COVID-19 pandemic. I acknowledge that remote services are available but I have chosen to receive in-person services. 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, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

#### **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 risks). This risk may increase if you travel by public transportation, cab, or ridesharing service.

#### **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 prefer to 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 will only keep your in-person appointment if you are symptom free. \_\_\_\_
- If you have symptoms of the coronavirus (e.g., shortness of breath, loss of taste/smell, fever, cough, sore throat), you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. \_\_\_\_
- You will wait in your car or outside until no earlier than 5 minutes before our appointment time. \_\_\_\_

- You will adhere to the safe distancing precautions we have set up in the waiting 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 office (I will too). \_\_\_\_
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me. \_\_\_\_
- You will take steps between appointments to minimize your exposure to COVID. \_\_\_\_
- If you have a job that exposes you to other people who are infected, you will immediately let me know. \_\_\_\_
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then 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.

**If You Are Sick**

You understand that I am committed to keeping 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 have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

**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. I will not hold Leslie Hannon, Psy.D., LLC responsible if I contract the COVID19 virus. I understand that the office of 80 Garden Center Suite 320 is following strict sanitation and social distancing guidelines set forth to ensure my safety.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Leslie Hannon, Psy.D.  
Psychologist/Owner

\_\_\_\_\_  
Date