

Kari Berquist, Ph.D., BCBA-D

1030 Curtis St. Ste 203, Menlo Park, CA 94025

Psychology License #: PSY 24441

Phone: 650-701-3022

Consent Form To Initiate or Resume In-Person Services During COVID-19

This is a supplement to the general informed consent we agreed to at the outset of our work together. When you sign this document, it will be an official agreement between us.

Client/Child's Name: _____ D.O.B: _____

(Parent/Guardian's Full Name) _____ hereby consents to, (Child's Name) _____ and family members engaging in psychological services delivered in-person during the COVID-19 declared state of emergency.

Risks of COVID-19

You understand that the Coronavirus (COVID-19) has been declared a global pandemic by the Center of Disease Control and World Health Organization. COVID-19 is extremely contagious and may be contracted by various sources. As a way to mitigate the risk of exposure to COVID-19, my practice has transitioned to providing services via telecommunications technology (for the present, most intake and therapy sessions will be done via Telehealth). 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. In some situations, in-person services may be more appropriate.

Decision for In-Person Services

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. It is possible that a return to remote services will be necessary based on consideration of health and safety issues. Such a decision will be made in consultation with you, but I will make the final determination based on a careful weighing of the risks and applicable regulations.

You understand the potential risks of COVID-19 pandemic and that you and your family are opting for an ELECTIVE, in-person psychological session that may not be urgent or medically necessary. You understand that by meeting in-person, 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 ridesharing service. You understand that telehealth/video sessions are available and may be resumed at any time. _____ (initial here)

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. It is advised that you check with your insurance company if you plan on pursuing reimbursement for services.

You and your Family's Responsibilities to Minimize Exposure

Currently, only parents or legal guardians and your child may attend in-person services. You agree to the following conditions below so that your child's/family's in-person services can be delivered in the safest manner possible.

The following protocols must be followed by parents, their children, and myself:

Outdoor Visits: You understand that visits may take place outdoors and that participation in visits in the outdoors does not directly align with the recommendations of Health Insurance Portability and Accountability Act (HIPAA), but that all efforts will be made to maintain client privacy and provide effective and safe intervention. _____ (initial here). I will not bring any toys or materials to the session other than paper; however you are welcome to bring your own sanitized toys and preferred items to session. Sanitizing these items before and after sessions are recommended.

In-Office Visits: You understand that toys will not be available during sessions. You are welcome to bring your own sanitized toys and preferred items to session. Sanitizing these items before and after sessions are recommended. The waiting room will be unavailable at this time (if you or your child requires a trip to the restroom, I will require that you close the toilet seat prior to flushing and use hand sanitizer or soap and water after using the restroom). You and your child will be asked to wait in your vehicle or outside the office until you receive a text, email or phone call from me indicating you can bring your child into the office.

Face Coverings: You understand that everyone who will be part of the session (indoor or outside) and is over the age of 2 years will be wearing a face covering (covers mouth and nose). Currently, children 2 and under and those children who are unable to consistently wear a face mask, will **only be allowed** outdoor visits.

Social Distancing: You understand that social distancing requirements must be met, meaning that all must maintain a six-foot distance from others while in offices, and other areas. There will be no physical contact with others in the office (e.g., hand shaking, high-fives).

Hand Sanitization: You understand that everyone participating in the session will wash their hands with soap and water or use an alcohol-based hand sanitizer immediately before the session begins and immediately after the session ends. Hand sanitization must also occur after someone has touched their eye or face or has used the restroom. Hand sanitizer during indoor or outdoor visits will be available; however sink, soap, and paper towels are only available in the office restroom.

Monitoring Symptoms: You understand that you will monitor the health of yourself, your child, and others in your home for the following symptoms before each visit to make sure that the session does not need to be rescheduled for at least 14 days later or delivered via-teletherapy:

- A. COVID-19 symptoms, such as fever, cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell, any other symptoms associated with COVID-19 or have been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks.
- B. Having tested positive for COVID-19 in the past 14 days.
- C. Having been told by a doctor or government official of a contact testing or tracing team to remain home due to COVID-19.
- D. Having traveled outside of California or more than 120 miles from your place of residence within 10 days of your in-person session.

Reporting of Symptoms: You understand that you will notify me if anyone in your household is sick in advance of the session or when asked before the session. You will also report any of the symptoms described in the section above (Monitoring Symptoms:A-D) to me.

You understand that if you, your child, or other family members choose not to follow the safety protocols outlined in this document, in-person sessions will not be provided at this time. If I believe that you and your child are in violation of these protocols upon arrival to an in-person session (e.g., symptoms of COVID-19), the session will be terminated.

Please initial and date here to indicate your acceptance of the above critical safety requirements. Initials: _____, Date: _____

Your Confidentiality in the Case of Infection

If you or your child have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in contact with me or in my 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.

I remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 during in-person sessions. Despite my careful attention to sanitization (including sanitizing all surfaces in between patients), social distancing and other protocols, there is still a chance that you will be exposed to COVID-19 during sessions. If, at any point, adhering to these safety protocols becomes a deterrent to providing appropriate clinical services and care, I will contact you and other options (rescheduling or remote services) will be discussed.

By signing below, you acknowledge that you understand that there is still a potential risk of exposure to COVID-19 and that you and your child agree to follow the safety protocols outlined above in order to engage in in-person services.

Signature of Guardian	Relationship to Client	Date
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Signature of Guardian	Relationship to Client	Date
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Kari Berquist, Ph.D. BCBA-D		Date
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