

## **CONSENT FOR RETURNING TO IN-PERSON PSYCHOLOGICAL SERVICES**

This consent is a supplement to the general informed consent that we agreed to at the outset of our work together. Please read this document carefully and let me know if you have any questions. This document contains important information about our decision (yours and mine) to resume in-person services in light of the ongoing threat of COVID-19 in the United States.

### **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 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.

It is also important to consider that, although insurance reimbursement for telehealth services may have been mandated during the COVID-19 pandemic, such mandates may no longer be in effect, and telehealth may no longer be reimbursed by your insurance company.

### **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 risk). 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 clients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement.

- You will wait in your car or outside until no earlier than 5 minutes before our appointment time.
- You will follow mask protocols in all areas of the office.
- There will be no physical contact (e.g. no shaking hands) with me.
- You agree not to attend 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.
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.
- 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 [begin] resume treatment via telehealth if that is appropriate.

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.

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.

I remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in my office. 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 my 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.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Signature Client/Guardian

\_\_\_\_\_  
Date

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