**SAMPLE INFORMED CONSENT FOR RESUMING IN-PERSON SERVICES IN THE AFTERMATH OF THE COVID-19 PANDEMIC (OR OTHER PUBLIC HEALTH EMERGENCY) - May 5, 2020**

***From the Tennessee Psychological Association - Director of Professional Affairs***

As Governor Lee has allowed the reopening of portions of Tennessee, more psychologists are considering reopening their practices to face-to-face service.

When- or if- to reopen a practice for face-to-face services is an individual decision that every psychologist must make.  The decision depends on many factors such as the prevalence of CVOID-19 in one’s community, one’s personal age and health status, or the age and health status of members of one's household, and the characteristics of one's practice. Many psychologists will not be opening their practices for many months. Some will only re-open on a limited basis. Re-opening may be considered on a case-by-case basis, and does not have to be all patients or none. Psychologists should NOT feel compelled to open their practices for any face-to-face services UNTIL they believe that they and their patients will be safe and sufficiently protected from potential virus transmission.

APA has provided the following informed consent document for those psychologists who intend to re-open their practices for some face-to-face services.  This may be altered by individual psychologists to fit their needs and preferences. As with any informed consent document, it should be the basis of a conversation between the psychologist and the patient. The conversation should emphasize that the precautions are in place to protect both the patient and the public. Please see the APA information hub for further updates on practice resources in response to COVID-19. <https://www.apaservices.org/practice/clinic>

-- Best wishes, Denise Davis, Ph.D., TPA Director of Professional Affairs

The following sample informed consent form has been created by APA to help psychologists transition back to providing face-to-face services in the office in the wake of the pandemic and the lifting of “stay at home” restrictions. This document contains important safety considerations to help minimize exposure to the coronavirus. Much of the language was taken from guidance published by the CDC and WHO and is not intended to be an exhaustive list of possible actions. Since state and local health authorities may have published additional guidance where you practice, *you are encouraged to modify this template to fit requirements of your community as well as to the needs of your practice and patients.*

This document is designed to be used in addition to your normal informed consent/business practices form - not as a substitute – therefore it does not contain the many content areas you should discuss with patients or clients before initiating services (such as your fees, billing and collection practices, limits to confidentiality, etc…). You should use your normal informed consent form, and use this template as an addendum when patients are returning to (or starting) in-person services.

You may also wish to consult with your malpractice insurer for additional content they may recommend.

[Optional Legal disclaimer]

**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 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 agreement between us.

**Decision to Meet Face to Face**

We’ve agreed that it’s better for us 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 I think it’s clinically appropriate. If you have concerns about going back to telehealth, we’ll talk about it first and try to address your worries. You understand that I have the final say if I think it’s best to go to telehealth.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services I will try to respect that decision, if it is clinically appropriate and feasible under the telehealth guidance from your state and insurer.

**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, [my other staff] and other patients) safer from exposure, sickness and possible death. Your failure or refusal to adhere to these safeguards 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. \_\_\_
* You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, 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 [or designated safer waiting area] until no earlier than 5 minutes before our appointment time. \_\_\_
* You will wash your hands or use hand sanitizer when you enter the building. \_\_\_
* You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy 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 [and my staff] will too). \_\_\_
* You will keep a distance of 6 feet and will not shake hands or hug me [or staff]. \_\_\_
* You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. \_\_\_
* If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. \_\_\_
* You will take steps between appointments to minimize your exposure. \_\_\_
* If you have a job that exposes you to those who are infected, you will let me [and my staff] know. \_\_\_
* If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me [and my staff] know.
* If a resident of your home tests positive for the infection, you will immediately let me [and my staff] know.\_\_\_

**My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading the virus within the office and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

**If You Are Sick**

You understand that I am committed to keeping you, me, [my staff] and all of our families safe from the spread of this virus. If you show up for an appointment and I [or my office staff] 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 of the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

If I [or my staff] test positive for the corona virus, I will notify you so that you can take appropriate precautions.

**Informed Consent**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Client Date

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Therapist Date

[Below is a sample notice to post in the office / on the website.]

**Our/My Safety Precautions in Effect During Pandemic**

My office is taking the following precautions to protect our patients and help slow the spread of the coronavirus.

* Office seating in the waiting room and in therapy/testing rooms has been arranged to encourage physical distancing.
* Ventilation has been increased.
* We have installed high efficiency air filters.
* My staff and I wear masks.
* My staff maintains safe distancing.
* Restrooms soap dispenser are maintained and everyone is encouraged to wash their hands.
* Hand sanitizers that contain at least 60% alcohol are available in my office, the waiting room and check-in counter.
* We schedule appointments at intervals to minimize the number of people in the waiting room.
* We ask all patients to wait in their cars until no earlier than 5 minutes before their appointment times.
* Credit card pads, pens and other areas that are commonly touched are thoroughly sanitized after each use.
* Handshakes and hugs are not permitted.
* Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
* Common areas are thoroughly disinfected at the end of each day.