



Grelling Psychology Associates

sensitive, professional care for individuals and families

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www.drgrelling.com

IN-PERSON SERVICES DURING THE COVID-19 CRISIS

Name of Client: _____ Birthdate: _____

This document contains important information about the decision to resume in-person services in light of the COVID-19 public health crisis. Please read this document carefully and let your therapist know if you have any questions. When you sign this document, it will be an official agreement between you and your therapist.

Decision to Meet Face-to-Face

You and your therapist have agreed to meet in person for some or all future sessions. However, if there is a resurgence of the pandemic or if other health concerns arise, it may require that you meet via telehealth. If you have concerns about this, you can talk with your therapist first and try to address those concerns. You understand that, if your therapist believes it is necessary, they may determine that you return to telehealth for your and/or their well-being.

If you decide at any time that you would feel safer starting with, or returning to, telehealth services, your therapist will respect that decision, as long as it is feasible and clinically appropriate. Insurance reimbursement for telehealth services is determined by the insurance companies and applicable law, so that is an issue you may need to discuss with 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 in our offices. This risk may increase if you travel by public transportation, cab, or ridesharing service.

Our Commitment to Minimize Exposure

Our practice and others in our office suite have taken steps to reduce the risk of spreading the coronavirus within the office. We have posted information about these efforts on the office door. Please let us know if you have questions about this.

If You or Your Therapist Are Sick

You understand that we are committed to keeping you, your therapist, other clients and all our families safe from the spread of this virus. If either you or your therapist has symptoms of any illness, you should notify the other in order to reschedule the session. If you show up for an appointment and your therapist believes that you have a fever or other symptoms, or believes you have been exposed, they may ask you to leave the office. You can follow up with services by telehealth as appropriate.

If any of our staff or others in the office test positive for the coronavirus, we will notify you so that you can take appropriate precautions.

Mailing Address: 21C Orinda Way #141, Orinda, CA 94563
Office Address: 61 Avenida de Orinda #100, Orinda, CA 94563

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, we may be required to notify local health authorities that you have been in the office. If we have to report this, we 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 we may do so without an additional signed release.

Your Responsibility to Minimize Exposure

To obtain services in person, you agree to take certain precautions which will help keep you, your therapist and others who may use the office safer from exposure, sickness and possible death. If you or your child are unable to adhere to these safeguards, you may need to start/return to a telehealth arrangement.

COVID-19 – INFORMED CONSENT

I have read and agree to the terms outlined in Grelling Psychology Associates' "In Person Services During COVID-19 Crisis" document. This agreement is intended as a supplement to Grelling Psychology Associates' "Clinical Policies and Procedures" document as well as the psychotherapy and/or psychological assessment documents I have signed. This agreement does not amend any of the terms of those documents.

Initial each item below to indicate that you understand and agree to these actions:

- _____ If you have a temperature above 100 degrees 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, you won't be charged your normal cancellation fee.
- _____ If you or a close contact of yours tests positive for the infection, you will immediately let your therapist know and will begin/resume treatment via telehealth. Your therapist will do the same with you.
- _____ If you have a job or other responsibilities that expose you to people who are infected, you will immediately let your therapist know.
- _____ You may wait in your car or outside or in the courtyard until one to two minutes before your appointment time. If you choose to wait in the waiting room you understand you are assuming additional risk of exposure to COVID-19.
- _____ You will adhere to the safe distancing precautions we have set up in the waiting room and offices. (For example, you won't move chairs or sit where we have signs asking you not to sit.)
- _____ You may wash your hands or use alcohol-based hand sanitizer before entering the office and hand sanitizer will be provided in the office.
- _____ You will wear a mask and/or other PPE when in the office, throughout the session as agreed on with your therapist based on public health recommendations.
- _____ You will make every effort to maintain a distance of 6 feet and you will have no physical contact (e.g. no shaking hands) with your therapist or others in the office.
- _____ 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 every effort to ensure that your child follows all of these sanitation and distancing protocols. You will not leave other children unsupervised in the office or waiting area.

We 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.

Informed Consent

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

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

Signature of Client/ Personal Representative Date

Printed Name Personal Representatives Authority
(as appropriate - e.g. Parent)

Signature of Provider Date