

JENNIFER BALLERINI, PSY.D

Helping People Build Better Relationships

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PANDEMIC

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

As with the transmission of any communicable illness, you can be exposed to COVID-19 at any time or in any place. You understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. Therapy appointments are conducted with individuals in close proximity to another, which increases the risk of transmission of the virus. 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.

Telehealth continues to be an option for you at any time if you are not comfortable coming to the office for in-person sessions. 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.

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.

SAFETY PRECAUTIONS

You understand that I am committed to keeping you, me, and our families safe from the spread of this virus. **If you are sick, please DO NOT come into the office for a session, and instead, ask to meet via telehealth.** 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 require you to leave the office immediately. We can follow up with via telehealth as appropriate.

By coming to an in-person session with me, you confirm that, within the past 14 days, you have NOT had any symptoms of COVID-19 such as fever or chills, shortness of breath, cough, runny nose or nasal congestion, fatigue, muscle or body aches, headache, loss of taste or smell, nausea or vomiting, or diarrhea.

4 0 6 ½ D E C A T U R S T . F O L S O M , C A 9 5 6 3 0
9 1 6 . 2 7 6 . 7 7 0 9 DR.BALLERINI@ME.COM DRJENNIFERBALLERINI.COM

JENNIFER BALLERINI, PSY.D

Helping People Build Better Relationships

If you are exposed to someone who tests positive for the coronavirus, or if you get COVID myself, you agree to notify me as soon as possible so that I can take appropriate precautions.

If I am exposed to someone who tests positive for the coronavirus, or if I get COVID myself, I will notify you so that you can take appropriate precautions.

Please do not bring anyone (e.g. family or friends) with you to your appointment, so as to minimize the number of people in our waiting room and to ensure I will not be meeting with anyone who is not vaccinated. Consider arriving at (not before) your appointment time so as to minimize time in the waiting room.

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. By signing below, you agree to hold me harmless in the event that you or your family member become ill with COVID-19.

PRINTED NAME _____

SIGNATURE _____ DATE _____

PRINTED NAME _____

SIGNATURE _____ DATE _____

4 0 6 ½ D E C A T U R S T . F O L S O M , C A 9 5 6 3 0
916.276.7709 DR.BALLERINI@ME.COM DRJENNIFERBALLERINI.COM