



## **INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS**

This document contains important information about our decision (yours and mine) to utilize 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**

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 pause our in-person meetings.

If you decide at any time that you would feel safer pausing our in-person sessions, please contact me via email or phone as soon as possible.

### **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 pausing in-person sessions. 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. 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 until no earlier than 5 minutes before our appointment time. \_\_\_\_\_
- You will text me upon your arrival and I will meet you outside the building and/or in the lobby. \_\_\_\_\_
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building (hand sanitizer is available at the elevator entrance). \_\_\_\_\_
- You will wear a mask in all common areas of the building; in the office, mask wearing will be determined by client and myself. \_\_\_\_\_
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. \_\_\_\_\_

Jenny L Ponzuric, LEP #2779  
6303 Owensmouth Avenue, 10th Floor, Suite 1055  
Los Angeles, CA, 91367-2263  
(818) 481-6089



- You will take steps between appointments to minimize your exposure to COVID. \_\_\_\_\_
- If you have a job that exposes you to other people who are infected, you will immediately let me know. \_\_\_\_\_
- If your commute or other responsibilities or activities put you in close contact with someone exposed to COVID (beyond your family), you will let me know. \_\_\_\_\_
- If a resident of your home tests positive for the infection, you will immediately let me know and we will pause all sessions for a 10-day quarantine period. \_\_\_\_\_

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.

### **My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading the coronavirus 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. Additionally, I am vaccinated and complete regular COVID testing.

### **If You or I Are Sick**

You understand that I am committed to keeping you, me, and all of our families safe from the spread of this virus. 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 have to require you to leave the office immediately. We can follow up with services as appropriate.

If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

### **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 FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS**

If appropriate, this agreement supplements 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.

\_\_\_\_\_

Parent

\_\_\_\_\_

Date

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Licensed Educational Psychologist

\_\_\_\_\_

Date