

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 inperson 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 are agreeing 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 have to suspend sessions. If you have concerns about suspending sessions, 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 have to suspend sessions for everyone's well-being.

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 patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in suspension of your 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 FEVER, SHORTNESS OF BREATH, NEW/WORSENING COUGH, SHAKES, CHILLS, SORE THROAT, DIARRHEA, MUSCLE ACHES, HEADACHE, LOSS OF TASTE/SMELL, 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 I text you or come and get you. ___
 You will wash your hands when you enter the building. ___
 You will adhere to the safe distancing precautions we have set up in the therapy room. For example, you won't move chairs, touch the dog, etc. ___
 You will wear a mask in all areas of the office (I will wear a mask and shield, too). ___
 You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands,
- hugs) with me, outside of placing electrodes, which will be done from behind. ____
 You will try not to touch your face or eyes with your hands. If you do, you will immediately wash
- 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 to COVID.

Neurofeedback Clinician	Date
Patient/Client	Date
Your signature below shows that you agree to the	se terms and conditions.
Informed Consent This agreement supplements the general informed the start of our work together.	d consent/business agreement that we agreed to at
you have been in the office. If I have to report	ay be required to notify local health authorities that this, I will only provide the minimum information nto any details about the reason(s) for our visits. By o without an additional signed release.
If I test positive for the coronavirus, I will notify yo	u so that you can take appropriate precautions.
of this virus. If you show up for an appointment and	ou, me, and all of our families safe from the spread d I believe that you have a fever or other symptoms, equire you to leave the office immediately. We cante.
the above, as well as the fact that I will wipe down station, and doorknobs, as well as wash my hands surface cleansing machine, that is scientifically	preading the coronavirus within the office, including in the therapy chair and adjoining surfaces, my work is after every client. We also will be using an air and y proven to remove RNS-type virus and other ure to others, outside the office, as much as possible, ese efforts.
I may change the above precautions if addition published. If that happens, we will talk about any r	al local, state or federal orders or guidelines are necessary changes.
 If a resident of your home tests positive for we will then resume when it is safe to do so 	the infection, you will immediately let me know and o
me knowIf your responsibilities or activities put you	in close contact with others, you will let me know.
	r people who are infected, you will immediately let

Office Safety Precautions in Effect During the Pandemic

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

- Clients will wait in their cars until called for their sessions.
- Both patients and clinicians must wear masks. Clinician will wear a face shield.
- Restroom and waiting room soap dispensers are maintained and everyone is encouraged to wash their hands.
- I'm scheduling appointments at specific intervals to minimize the number of people in the building at any given time.
- I'm asking all patients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
- Treatment chair, clinician workstation and other areas that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted (sorry, no handshakes or hugs or touching the dog).
- 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.