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

This document contains important information about our decision to meet in-person considering 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 cease in person meetings. If this happens, and it is suitable and acceptable, we can meet through telehealth. We will talk about it first and try to address any concerns. You understand that if I believe it is necessary, I may determine that we use an alternate method to meet (i.e., telehealth) for everyone's well-being.

If you decide at any time that you would feel safer with telehealth services, I will respect that decision. Reimbursement for telehealth services is determined by the insurance companies and applicable law, and we will review these issues if necessary.

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) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to an alternate arrangement. Initial

each to indicate that you understand and agree to these actions:

	Initial Here
You are fully vaccinated, and it has been at least 3 weeks since you received your final dose.	
You will only keep your in-person appointment if you are symptom free	
You will wait in your car or outside until no earlier than 5 minutes before our appointment time.	
You will wash your hands or use alcohol-based hand sanitizer when you enter the building.	
You will consent to having your temperature taken before entering my office space.	
You will adhere to the safe distancing precautions we have set up in the public areas of the office and the therapy room.	
You will wear a mask in all areas of the office. I will too.	
You will maintain social distancing and there will be no physical contact (e.g. no shaking hands) with me.	
You will take steps between appointments to minimize your exposure to COVID.	
If you are exposed to other people who are infected, you will immediately let me know.	

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

I am personally committed to minimizing my contact with others, maintaining social distancing, and keeping myself protected from exposure to the coronavirus for your safety and the safety of other clients. My practice has taken steps to reduce the risk of spreading the coronavirus within the office. These are detailed on the attached sheet. Please let me know if you have questions about these efforts.

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 alternate 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

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.

Date

Print your name and/or client's name if you are parent/guardian: _____

Douglas W. Pullin, LCSW, LPC, LLC

Date

If your responsibilities or activities put you in close contact with others (beyond the people you live with), 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 make alternate arrangements.

Office Safety Precautions in Effect During the Pandemic

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

- I and other therapists wear a mask.
- I and other therapists maintain safe distancing.
- Restroom soap dispensers are maintained, and everyone is encouraged to wash their hands.
- Hand sanitizer that contains at least 60% alcohol is available in the therapy rooms and the waiting room.
- We schedule appointments at specific intervals to minimize the number of people in the public areas of the office.
- We ask all clients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
- Any areas that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.