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## **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 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 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.

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.

### **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. 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 our starting / returning to a telehealth arrangement. Initial each to indicate that you understand and agree to these actions:

- You will take your temperature before each appointment. \_\_\_\_\_
- You will review the COVID-19 Screening Questions before each in-person appointment (Appendix A). \_\_\_\_\_
- You will follow the COVID-19 In-Person Office Visit Steps (Appendix B). \_\_\_\_\_

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.

**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 by telehealth 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.

\_\_\_\_\_  
Patient/Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist

\_\_\_\_\_  
Date

## APPENDIX A: COVID-19 SCREENING QUESTIONS

### DIRECTIONS:

Please review the following questions the before every psychotherapy or psychological evaluation appointment. **If any of the questions have “yes” answers, you agree to call me ahead of time at 985-9191, so that we can discuss whether the appointment may proceed. Please call me before 9 am on the date of your appointment at the latest.** I will waive any late cancel fees if we must cancel due to a “yes” on this screening.

- ☐ Are you or anyone in your household considered to be vulnerable to COVID-19 due to being age 60 or over, or due to having certain underlying medical conditions such as cancer, chronic kidney disease, COPD, immune problems, obesity, serious heart conditions, sickle cell disease, or type 2 diabetes mellitus.
- ☐ Have you or anyone in your household had any of the following symptoms today or in the past 14 days: Sore throat, cough, chills, body aches, shortness of breath, loss of smell, loss of taste, or fever of 100 degrees Fahrenheit or higher?
- ☐ Have you or anyone in your household been tested for COVID-19 in the past 14 days?
- ☐ Have you or anyone in your household been notified by a contact tracer about contact with a person with COVID-19 in the past 14 days?
- ☐ Have you or anyone in your household traveled outside of Vermont in the past 14 days?
- ☐ Have you or anyone in your household visited or received treatment in a hospital, nursing home, or rehabilitation center in the past 14 days?
- ☐ In the past 14 days, have you or anyone in your household attended church or worship services where mask wearing or social distancing has not been followed? This includes hugging, shaking hands, or holding hands with people outside of your household during the sign of peace or the Lord’s Prayer.
- ☐ Are you or anyone in your household a health care provider, an emergency responder, or a nursing home worker?

## Appendix B: COVID-19 In-Person Office Visit Steps

### ✓ Before you leave home:

- Temperature Check: Take your temperature. Do not come in if it is 100°F or higher.
- COVID-19 Screening Questions checklist: Review the checklist. Call ahead if you trigger a “yes” on any of the screening questions.
- Face mask: Bring a face mask that covers your mouth and nose. Dr. Marasch can provide you with a disposable surgical mask if you forget or do not have one.

### ✓ Waiting for appointment:

- Wait in car: It is preferred that you wait in your car until your appointment time. This is because it can be difficult to control distancing and sanitation in the building lobby.
- Special arrangements: If you do not have a vehicle that you can wait in, let Dr. Marasch know ahead of time and a sanitized white folding chair will be provided for you in the lobby just outside his office door.

### ✓ Before entering building: Put on your mask.

### ✓ Before entering office:

- Hand washing: Wash your hands in the bathroom before entering the office.  
*or*
- Sanitizing: Hand sanitizer is available just inside the entrance of the building lobby. Additionally, Dr. Marasch will have hand sanitizer available near his office door.

### ✓ Invitation into office: Dr. Marasch will call you on your cell phone when it is time to come in – or will open the office door if you are seated in the lobby. If you do not have a cell phone, we will make other arrangements.

### ✓ Inside office:

- Keep distanced: Maintain a distance of at least six feet from your provider while in the office. Note that this may not be feasible at times, such as during psychological testing.
- Cover up: Cover your cough or sneeze with an elbow or tissue.