



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

This document contains important information about the decision between client and Wheels of Wellness Behavioral Consulting to resume limited in-person services in light of the COVID-19 public health crisis. Please read this document carefully and notify your clinician if you have any questions. After this document has been signed, it becomes an official agreement between client and clinician.

### **Decision to Meet Face-to-Face**

We (the client and the service provider), have agreed to meet in person for some and/or all future service sessions. If there is a resurgence of the pandemic or if other health concerns arise, the service provider may require that services continue via Telehealth. If the client has concerns about meeting via Telehealth, the service provider will communicate with the client to address the concerns. The client understands that, if the service provider deems it is necessary, services may only be available via Telehealth for everyone's well-being and safety.

If at any time the client decides they feel safer staying with, or returning to Telehealth services, the service provider will respect the client's decision, as long as it is feasible and clinically appropriate.

### **Risks of Opting for In-Person Services**

The client understands that by receiving services in-person they are assuming the risk of exposure to the coronavirus. This risk may increase if the client does not adhere to the CDC, state and county guidelines. At this time Wheels of Wellness is not currently offering in-home services. In the event that Wheels of Wellness begins to offer in-home services the aforementioned risks still apply.

### **Client's Responsibility to Minimize their Exposure**

Increase cleaning and sanitizing efforts, service provider and clients must follow CDC guidelines for frequent hand washing, using hand sanitizer routinely, and avoiding physical contact as much as possible (social distancing) and disinfecting hard surfaces and treatment materials. (if any).

- Frequent Hand Washing:
  - Upon entering the home/workspace
  - After coughing or sneezing

- After blowing nose and disposing of Kleenex appropriately
- When using bathroom
- Prior to eating
- After eating
- Using Hand Sanitizer:
  - Upon entering or exiting a treatment/ workspace
- Disinfecting Hard Surfaces and Treatment Material (if any is used):
  - Upon completion of utilizing Treatment Material (i.e., toys) item will be wiped down with a disinfectant prior to being put away.
  - Prior to eating all hard surfaces will be wiped down with a disinfectant
  - Upon completion of utilizing hard surfaces to eat, all surfaces will be wiped down with disinfectant.
  - All hard surfaces will be wiped down with disinfectant at the end of every session.

To obtain services in-person, the client agrees to take certain precautions (listed above and embedded throughout this document) which will help keep everyone (the client, the service provider, their families, and other patients) safe from exposure, sickness and possible death. If client does not adhere to these safeguards, it may result in starting /returning to a Telehealth arrangement.

Initial each bullet point below that you understand and agree to the terms:

- \_\_\_\_\_ The client will only keep their in-person appointment if the client and everyone in the home or the location where the session will take place are symptom free.
- \_\_\_\_\_ The client and client's family members will take or have their temperature taken before each appointment. If the client or client's family members temperature are elevated (100.4 Fahrenheit or higher), or the client or any family members has other symptoms of Covid-19, the client agrees to cancel the appointment and/or proceed with Telehealth services. The client will follow CDC guidelines and quarantine for 14 days or until they are symptom free or test negative.
- \_\_\_\_\_ The client will wash their hands or use alcohol-based hand sanitizer at the start, throughout and at the end of the session.
- \_\_\_\_\_ The client will adhere to the safe and social distancing protocol.
- \_\_\_\_\_ Everyone will wear a mask (i.e., the client, the service provider, etc.). If your child is unable to wear a mask or face shield, please discuss in advance with the clinician.
- \_\_\_\_\_ There will be no physical contact and service provider will reinforce a distance of 6 feet between client and service provider (i.e., no shaking hands or high fives, etc.).

- \_\_\_\_\_ The client will do their best not to touch their face or eyes with their hands. If they do, they will immediately be asked to wash or sanitize their hands.
- \_\_\_\_\_ The client will take steps between appointments to minimize their exposure to COVID-19 (i.e., minimize outings, minimize visitors in their home, travel outside the county, etc.)
- \_\_\_\_\_ If the client or their immediate family members have jobs or engage in activities that exposes the client or immediate family members to other people who are or may be infected with COVID-19 the client will immediately notify the service provider and the session will be canceled.
- \_\_\_\_\_ If a family member or someone living in the client's home tests positive for COVID-19, the client will be responsible for immediately notifying the service provider and Telehealth sessions will begin or resume for service. Direct services will be canceled, and CDC quarantine guidelines will be followed.
- \_\_\_\_\_ Mandatory completion of COVID survey by parent at least 2 hours prior to session verifying a symptom free environment- responses can be sent to service provider via email or text.
  - The health screening questions are:
    - Do you or anyone in your home have a Fever?
    - Do you or anyone in your home have a Cough?
    - Are you or anyone in your home having trouble Breathing?
    - Have you/your child taken any medication in the last 12 hours? If yes, What?
    - Have you or any member of your current household been exposed to someone with any Covid like symptoms? If yes, whom?
    - Have you or anyone in your current household traveled outside the state of California in the last 21 days? If yes, Where?

If you respond yes to any of the screening questions, the session will be canceled and be placed on 14-day quarantine or until a negative COVID-19 test result is obtained.

The service provider may change any of the above guidelines if local, state or federal orders are put in place or recommendations are announced or updated. If that occurs, the service provider will communicate any necessary changes to the client.

### **Service Providers Commitment to Minimize Exposure**

The service provider will also adhere and follow all policies outlines in this document. Service provider does not make determinations of risks based on race or country of origin.

### **If the Client or the Service Provider Are Sick**

The client understands that the service provider is committed to keeping everyone safe from the spread of this virus. If the client, anyone in the client's home or the service provider get sick or exhibit any symptoms of Covid-19 such as fever, chills, cough, shortness of breath, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea the session will be immediately canceled. If Telehealth services are an appropriate alternative they can begin. Additionally, CDC guidelines will be followed for quarantine durations etc.

If the service provider test positive for Covid-19, the service provider will notify the client so they can take appropriate steps and precautions.

### **Travel**

If any client, member of the family or resident in the home has traveled outside of the state of California **to states/areas that are in the top 10 in terms of number of COVID-19 cases ("hot spots")** in the last 21 days will alert the service provider. In-home sessions will be paused for a period of 14-day quarantine.

- Reference the CDC website:  
[https://covid.cdc.gov/coviddatatracker/#cases\\_casesper100k](https://covid.cdc.gov/coviddatatracker/#cases_casesper100k)

### **Returning to Services**

Returning to services requires being free of symptoms at the end of the quarantine period and/or medical verification of negative results for COVID-19. Any ill clients, family members, or employees with a travel history to restricted areas should report to the local health department or the CDPH at 1-833-544-2374 immediately.

### **Client Confidentiality in the Case of Infection**

If the client has tested positive for the coronavirus, the service provider may be required to notify local health authorities. If the service provider has to report this, the service provider will only provide the minimum information necessary for data collection and will not disclose any confidential information. This information will first be discussed with the parent/ guardian.

By signing this form, the client (a parent or guardian if client is a minor) is/are agreeing that the service provider may do so without an additional signed release.

### **Informed Consent**

This agreement supplements the general informed consent/business agreement that the client and the service provider agreed to at the start of their working relationship.

By signing below, you the client (parent/guardian if client is a minor) agree to the terms and conditions of this document.

---

Client/Parent or Legal Guardian

---

Date

---

Service Provider

---

Date