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

This document contains important information about the decision to meet 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

You have chosen to meet for in person therapy services. In order to do so, you must be fully vaccinated (2 weeks after last shot of Pfizer or Moderna, or two weeks after the last shot of Johnson and Johnson). Booster shots are recommended if you are eligible.

If you decide at any time that you would feel safer with telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate.

Risks of Opting for In-Person Services

You understand that by coming to the office, you and/or your child is 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. Additional risks of coming to my office building during the COVID-19 crisis may be: leaving your home, entering an office building where there are shared spaces, and coming into contact with other individuals in the building that are not associated with my practice and whose health status is unknown. In choosing to opt for in-person services, you assume the above risks and release me and my practice from any liability currently or in the future if you and/or your child become ill with COVID-19 or another illness. Please initial to indicate that you understand and agree to the risks associated with in-person therapy services during the COVID-19 public health crisis, and release me from liability if you or your child becomes ill with COVID-19

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions that will help keep everyone (you, me, and our families, and my other patients) safe 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 only keep your in-person appointment if you are symptom free. _____
- You will adhere to the safe social distancing precautions I have set up in the waiting room and therapy room (6 feet apart). For example, you won't move chairs or sit in a different location other than where I indicate maintains good social distancing for our appointment.

- You can choose to wear a mask in all areas of the office. I will be wearing a mask during our sessions. I have masks in my waiting room if you feel more comfortable wearing a mask during our sessions. _____
- You will wear a mask in common areas of my building, as currently required by local ordinances. _____
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me before, during, and after our appointment. _____
- You will do your best to avoid touching surfaces in my waiting room and therapy office other than the seating area. _____
- If you are bringing your child in for an appointment with me, you will make sure that your child follows all of these sanitation and social distancing protocols. _____
- If you or a family member has a job that exposes you to other people who are infected with COVID-19, you will immediately let me know. _____
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family) with COVID-19, you will let me know. _____
- If a resident of your home tests positive for COVID-19, you will immediately let me know and we will either cancel the appointment or switch the appointment to Telehealth.

I may change the above expectations of your responsibilities if additional local, state or federal orders or guidelines are published. If that happens, we will discuss any necessary changes.

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading COVID-19 within the office and I will post these efforts in my office. Please let me know if you have questions about the efforts listed below.

Office Safety Precautions in Effect During the Pandemic

My office is taking the following precautions to protect our patients and help slow the spread of COVID-19.

- Office seating in the waiting room and in the therapy rooms has been arranged to ensure appropriate physical distancing. I will advise you of where to sit once you enter the therapy office in order to maintain good social distance (6 feet or more). Additionally, furniture has been removed from my office to minimize the number of hard/touchable surfaces, reducing the risk of COVID-19 on surfaces in my office.
- I will wear a mask during your therapy session or initial consultation.
- I will maintain safe distancing.
- Hand sanitizer that contains at least 60% alcohol is available in the waiting room and the therapy office for your and my use.

- Patients will have a separate bottle of hand sanitizer from mine to minimize contact.
- Your appointment will end promptly at the time it is scheduled to end, so I have time to sanitize hard surfaces (tables, doorknobs, etc.) in between patients.
- My office will be sanitized using a bleach solution in between patients and at the end of the day. Hard surfaces (tables, doorknobs, area around the door, light switches, etc.) will be the focus of these cleanings, as well as other touchable areas in my office. Janitorial staff for my building will vacuum my office on a regular basis.
- I request that all patients pay by credit card to minimize contact involved with paying via cash or check. My payment information form (on my website) can be filled out, and emailed to me before the appointment. Please let me know if this will not work for you and your family.
- Physical contact during, before, and after the session is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of from my office on a nightly basis.

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 believe you have been exposed, please let me know as soon as possible, and we will cancel the appointment, without charge.

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 mandatory disclosure 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

Parent (if patient is under 18)

Parent (if patient is under 18)

Kwai Kendall-Grove, Ph.D.
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Date