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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.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, we will.

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 risks). 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 clients) safer. If you do not wish to adhere to these safeguards, we can always meet virtually.

- Please only keep your in-person appointment if you are symptom free.
- If you have symptoms of the coronavirus (fever, cough, and other flu-like symptoms), please cancel the appointment and we can meet using telehealth. If you wish to cancel for this reason, you will not be charged for the appointment.
- When you arrive for your appointment, you are welcome wait in your car or outside and text me or use our waiting room. I will come and let you in.
- Currently, wearing of masks is voluntary. If you would prefer that I wear a mask, I will happily do so.
- Please keep a distance of 6 feet and no physical contact.
- If a resident of your home tests positive for the infection, please let me know and we will then meet via telehealth.

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 I have posted our efforts on my website. Please let me know if you have questions about these efforts.

If You or I Are Sick

Please know that I am committed to keeping you, me, and all of our families safe from the spread of this virus. If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions. Please inform me if you test positive for coronavirus.

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, though I am currently not required to do so. 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 agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

Please Print Client’s Name

Client

Date

Psychologist

Date