



Quince Orchard Psychotherapy

Compassionate, Client-centered Care

Rockville
9707 Key West Ave Suite 100
Rockville, MD 20850

Frederick
10 North Jefferson St. Suite 202
Frederick, MD 21701

P: (240) 750-6467; F: (240) 702-0262; Web: www.QOpsych.com

Consent for Returning to In-Person Psychological Services

This Consent for Returning to In-Person Psychological Services is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Please read this document carefully, and let the practice know if you have any questions prior to beginning/resuming in-person services.

The threat of COVID-19 is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, our practice has transitioned to providing most services via telehealth technology. Use of telehealth reduces the need for persons to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, in some situations, telehealth services may not be adequate, and in-person services may be more appropriate.

We have determined that in-person services are appropriate at this time for your situation for the following reason(s):

The nature of the services required cannot be reliably provided via telehealth platforms.

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. It is possible that a return to remote services will be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but we will make the final determination based on a careful weighing of the risks and applicable regulations.

It is also important to consider that, although insurance reimbursement for teletherapy services may have been mandated during the COVID-19 pandemic, such mandates may no longer be in effect, and teletherapy may no longer be reimbursed by your insurance company. Please note that most insurances are not reimbursing for teleassessment services.

In order for me to provide you with in-person services, the following protocols must be followed by patients/clients and providers:

- Social distancing requirements must be met, meaning that you must maintain a six-foot distance from others while in offices, waiting rooms, and other areas.

- Patients/clients and providers will be required to wear masks while in the office. Assessment clients will also be required to wear gloves and a face shield. We will provide those.
- Hand sanitizer will be provided at the office entrance and must be used upon entering the office.
- There will be no physical contact with others in the office.
- You will be asked to wait in your vehicle or outside the office until you receive a text, email, or phone call from office staff indicating that you can enter the office.
- You agree not to present for in-person services if you have a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19 or if you have been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks. **The usual policies of payment for missed sessions with less than 48 hours' advance notice are suspended during the current situation.**
- If you are bringing a child or other dependent in for services, you agree to ensure that both you and your child/dependent follow all of these protocols.

As COVID-19 regulations continue to evolve, I may become legally required at some point to disclose that you and I have been in contact, especially if either of us were to test positive or show signs of COVID-19 infection. If I am legally compelled to disclose information, I will inform you and will only provide the minimum necessary information (e.g., your name and the dates of our contact) required by law.

We remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. If, at any point, you prefer to stop in-person services or to consider transitioning to remote services, please let me know.

By signing below, you acknowledge that you understand that there is still a potential risk of exposure and that you agree to follow the safety protocols outlined above in order to engage in in-person services.

Patient/Client

Date

Clinician

Date