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

This document contains important information about our decision (yours and mine) to begin/resume in-person services in light of the COVID-19 public health crisis. Our decision is based in part on recommendations by the Center for Disease Control (CDC), but other factors may be considered. Some of these include but are not limited to: whether we and our families have been vaccinated, our health or the health of those we are in close contact with, and risk of exposure outside of this setting. There may be other concerns that we can talk about.

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. Adolescents who are fourteen or older are required to sign along with a parent.

**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 is also determined by the insurance companies and applicable law, so we’ll discuss any financial implications if needed.

**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 risk). 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 tell me if you’ve been vaccinated. If you haven’t, we’ll talk about the reasons and whether it’s possible to meet safely in person. \_\_\_\_
- You will only keep your in-person appointment if you are symptom free. \_\_\_\_

- You will only keep your in-person appointment if you have been fever free for a minimum of 5 days prior to our appointment. \_\_\_\_
- You will cancel your appointment if you have been in contact with someone who has tested positive within the last 14 days. \_\_\_\_
- You will wait in your car or outside until no earlier than 5 minutes before our appointment time and text me at 201 294-0624 when you arrive so I can let you know when to enter the office. **Although there is a waiting room, it would be best not to use it so as to avoid the possible risk of contagion.** \_\_\_\_
- You will not bring any drinks or food into the office and if you use tissues, you will take them with you as I will not be clearing refuse or doing any special sanitizing given that it has been determined that the virus spreads through the air rather than surface contact. \_\_\_\_
- You will use an alcohol-based hand sanitizer when you enter the office. \_\_\_\_
- You will adhere to the safe distancing precautions in the office. \_\_\_\_
- **You will wear a mask in all areas of the office (I will too). Masking will be determined by CDC or local regulations as well as our individual need to feel safe.** \_\_\_\_
- You will keep a distance of 6 feet (with the exception of testing) and there will be no physical contact (e.g., no shaking hands) with me. \_\_\_\_
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. \_\_\_\_
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. \_\_\_\_
- You will take steps between appointments to minimize your exposure to COVID. \_\_\_\_
- If you have a job that exposes you to other people who are infected, you will immediately let me know. \_\_\_\_
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then [begin] resume treatment via telehealth. \_\_\_\_

I will take the additional steps of providing an air purifier and an open office window when appropriate.

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**

I have taken the above steps to reduce the risk of spreading the coronavirus within the office and I have posted my efforts on my website. 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 that you 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(s) below indicates that you agree to these terms and conditions.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

Steven Korner, Ph.D.  
Psychologist

\_\_\_\_\_  
Date

