

Courtney Schuneman, Psy.D., PLLC (AZ #4171)

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Informed Consent for In-Person Services During the COVID-19 Public Health Crisis

This is a supplement to the general informed consent for treatment that we agreed to at the outset of our clinical work together. Please read this document carefully and let Dr. Schuneman 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. You understand that, if Dr. Schuneman believes it is necessary based on the risks and applicable regulations, she may decide to return to telehealth for everyone’s well being. If you decide at any time that you would feel safer returning to telehealth services, Dr. Schuneman will respect that decision.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to COVID-19.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep ourselves and our close contacts safer from exposure to COVID-19. **Please initial each item** to indicate that you understand and agree to these actions:

_____ I will only keep my in-person appointment if **I, or members of my household**, are free of the typical symptoms associated with COVID-19.

_____ **I will wait in the car once I arrive and text the provider that I am here. Dr. Schuneman will text me when it is time to come into the office.**

_____ Masks are always required in hallways and common areas. If Pima County has a mask mandate then that applies to Dr. Schuneman’s office. If there is no county mask mandate and I am fully vaccinated (including booster or 5 months since last shot), we can discuss not wearing a mask inside the office during sessions. Masks are required if I am not vaccinated.

_____ **Sessions will be kept to 50 minutes in length** to ensure Dr. Schuneman has sufficient time to can sanitize the office between clients. This session length was previously agreed upon in the general informed consent for treatment signed at intake.

_____ I will take steps between appointments to minimize my exposure to COVID-19.

_____ If I bring anyone to my therapy session, I will make sure that they follow all of these protocols.

_____ If I, or a resident of my home, tests positive for COVID-19, I will promptly inform Dr. Schuneman. Additionally, if I am exposed and required to isolate per CDC guidelines then I will notify Dr. Schuneman and we can switch to telemedicine for the duration of isolation.

Please note that Dr. Schuneman 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 adjustments.

Commitment to Minimize Exposure

Dr. Schuneman is fully vaccinated with the booster shot. The practice has taken several steps to reduce the risk of spreading the coronavirus within the office, including but not limited to:

- Two air purifiers are utilized to provide additional filtration of the air within the office
- We can sit outside on the patio and leave the door open for increased air purification
- The office is disinfected at the end of each session. Sanitation includes credit card processor, pens, tables, doorknobs, and other areas that are commonly touched
- Tissues and trash bins are made easily accessible, with trash being disposed of regularly
- The common areas are thoroughly disinfected at the end of each day

Dr. Schuneman is committed to keeping you, herself, and all of our families safe from the spread of this virus. She will follow the same precautions asked of you above. Please let her know if you have questions about these efforts.

Release of Liability

The client assumes full responsibility for any illnesses contracted as a result of in person therapy, and releases and discharges Courtney Schuneman, Psy.D., PLLC, for injury, loss, or damage arising out of their participation in in-person therapy.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, Dr. Schuneman may be required to notify local health authorities that you have been in the office. If she has to report this, she will only provide the minimum information necessary for their data collection and will not go into any details about the reason for our visits. By signing this form, you are agreeing that she may do so without an additional signed release.

Acknowledgment

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.

Client Name	Signature	Date
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Dr. Courtney Schuneman

Psychologist Name	Signature	Date
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