FAMILY PSYCHIATRY PRACTICE & ASSOCIATES

Informed Consent for In-Person Appointments

The decision to have in-person services is a personal choice and your signature on this form acknowledges your understanding of the risks, your commitment to safety protocols, and your agreement to this process.

How We are Helping to Protect You!*

Family Psychiatry Practice & Associates are committed to keeping our patients safe and healthy. At the start of each business day, and periodically throughout the workday our employees disinfect high touch surface areas in the office. Every employee before their shift is asked to monitor for symptoms of any illness and report any findings to management. Employees are required to seek testing for onset of symptoms. Any patients who have been in contact with these employees are alerted via phone and email of possible exposure. When appropriate employees are required to maintain up to date vaccinations.

How You can Help Protect Us!*

Following local, state, and federal guidelines on how to prevent the infection and spread of COVID-19 is one way our patients can help reduce the spread and risk to others. You can find complete information on current COVID-19 guidelines at: <u>www.cdc.gov/coronavirus</u>

Some quick tips include:

- Washing your hands with soap and water for at least 20 seconds frequently throughout the day
- Using alcohol-based hand sanitizers when unable to wash your hands
- Disinfecting high touch surface areas around your home and office
- Getting tested for COVID-19 on the onset of illness of after exposure to the virus
- Following guidelines for quarantine after testing positive for COVID-19
- Sneezing or coughing into you elbow

*The above precautions may change from time to time if additional local, state, and/or federal orders or guidelines are updated.

1400 Crescent Green W Suite 120 W Cary, North Carolina 27518

Tel: 919-233-4131 W Fax: 919-233-4168

Please read these regulations and sign below to indicate that you agree to these policies and Responsibilities:

You will only keep your in-person appointment if you are symptom free.

You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment, even upon short notice.

You will wash your hands or use alcohol-based hand sanitizer when you enter the lobby.

If you are bringing your child, you will make every effort to ensure that your child follows all these sanitation and distancing protocols.

You understand that your child may have to remove their mask if psychological testing is involved in their care. There are inherent risks in removing this mask and you acknowledge these policies are designed to minimize the risks involved.

You will alert Family Psychiatry Practice & Associates if you have been exposed to COVID-19 ten (10) days prior to your appointment OR your symptoms begin within seven (7) days of your last in person appointment.

You understand that by coming to the office, you are assuming the risk of exposure to the COVID-19 (or other public health risks). In acknowledging the risks, you also understand the importance and consequences of honestly answering confidential screenings and questions about your own health and potential risk to others.

Informed Consent

By signing below, you agree to these terms and conditions and to not hold Family Psychiatry Practice & Associates liable for any potential illness or damages incurred by being seen inperson for your appointments.

Signature of Responsible Party

Date

Printed Name of Responsible Party

Patient Name (If different from Responsible Party)

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