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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 future sessions. Because in-person sessions will initially be offered on a limited schedule, I cannot guarantee that ALL future sessions will be conducted in-person, even in the event we agree you meet the guidelines listed below. 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, however, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

Risks of Opting for In-Person Services

Because mask wearing hinders the therapeutic process, you and I will be working together in my office without masks being worn by either of us. Although I am fully vaccinated, you understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk).

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the coronavirus within the office. I will notify you if any of these procedures change during our work together. Please let me know if you have questions about these efforts.

Office Safety Precautions in Effect During the Pandemic

My office is taking the following precautions to protect our clients and help slow the spread of the coronavirus.

- We ask all clients to wait in their cars or outside until they are notified that they can go directly to their therapist's office, bypassing the waiting room.
- All clients will wear masks in the common areas.
- Hand sanitizer is available in the therapy rooms, and when you first enter the waiting room.
- Everyone who works in the office is fully vaccinated.
- Each office is equipped with an air purifier with HEPA filters and UV-C light.

If You or I Are Sick

You understand that I am committed to keeping everyone in our office, including, you, me as well as the other clients and therapists, safe from the spread of this virus. If you show up for an appointment displaying signs of sickness, I will check your temperature. If it's elevated above 100 degrees F, I will have to ask you to leave the office immediately and our session will be cancelled. You will be charged for the session as a late cancellation in this case. You can avoid this by checking your own temperature and symptoms prior to our session and notifying me as soon as possible so that we can either plan to switch to teletherapy instead, or cancel the session if needed. If I or any of the other clinicians in the office test positive for the coronavirus, I will notify you as soon as possible so that you can take any precautions necessary.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, I will be notifying my colleagues and other clients who were in the office on the same day that they may have had a COVID exposure, although I will not be providing them with any personally identifiable information. By signing this form, you are agreeing that I may do so without an additional signed release.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone safer from exposure. If you do not abide by these safeguards, it will result in our starting/returning to a telehealth arrangement until it's safe to reassess this arrangement.

Initial each to indicate that you understand and agree to these actions:

_____ You will only keep your in-person appointment if you are symptom free. If you are exhibiting symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. You must provide two hours notice of changing from an in-person appointment to telehealth; otherwise, you will be charged the late cancellation fee.

_____ You will wait in your car or outside until I notify you that you can come directly into my office, bypassing the waiting room.

_____ You will wear a mask in all shared areas of the office (i.e. hallway, bathroom, etc).

_____ If you have a positive COVID test or you have reason to think you may have COVID, you will let me know so that I can notify anyone who may have been exposed.

_____ In the case of couples counseling, if one of you must adjust to telehealth for a session for any reason, the entire session will be conducted via telehealth (for the other member of the couple as well). As with individual sessions, you must provide two hours notice of changing from an in-person appointment to telehealth; otherwise, you will be charged the late cancellation fee.

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.

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together. Your signature below indicates that you have read this agreement carefully and understand the terms. It also indicates that you are agreeing to in person sessions and accepting the risks.

Signature of Client

Date Signed

Printed Name of Client

Revised June 2021

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