



# DEVELOPMENTAL FX

Therapy that fits.

**a not-for-profit corporation**

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

This document contains important information about our decision to resume in-person services in light of the COVID-19 public health crisis. In-person services are inclusive of the following: **In-Clinic Therapy** or **Off Site Therapy** that is either in a public park (a ‘Nature Visit”) or At-Home Therapy in your residential outdoor space (front or back yard). Read this consent carefully and let DFX know if you have any questions. Please sign this document to agree to the terms of In-Person therapy as outlined below.

### Decision to Meet Face-to-Face

We have agreed to meet in person for some or all future sessions. Please note that if there is a resurgence of the pandemic or if other health concerns arise, DFX may require your child’s therapy be provided via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, DFX will respect that decision, as long as it is feasible and clinically appropriate. As stated in our telehealth policy:

*Developmental FX (DFX) will bill all telehealth and/or telephone services to your insurance carrier on your behalf, the same as any other service you receive at DFX. Your responsibility and insurance limitations (if any) will also remain the same if telehealth and/or telephone is a covered benefit under your policy for the type of service you are receiving (OT, speech, psychology). Insurance carriers are making accommodations daily due to COVID-19, however, not all policies cover telehealth and DFX is not contracted (out of network) with some insurance companies. If you have any questions regarding coverage for telehealth, please contact your insurance provider. You can also contact our billing office at 303-761-7224 to confirm benefits.*

### Risks of Opting for In-Person Services

You understand that with any in-person services (as outlined above), you assume the risk of exposure to COVID-19 (or other public health risk). This risk may increase if you travel by public transportation, taxi, or ridesharing service.

### Your Responsibility to Minimize Your Exposure

To obtain in person services, you agree to take certain precautions that will help keep everyone (you, your therapist, DFX staff, 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 only keep your child’s in-person appointment if you have followed the DFX Health Check Procedures (see below). \_\_\_\_\_
- If someone in your family does have a fever or symptoms, please cancel your child’s appointment. DFX will not charge you our normal cancellation fee. \_\_\_\_\_
- You will wait in your car until your therapist has approached your vehicle at the start of your session time. \_\_\_\_\_

- You will wash your hands or use an alcohol-based hand sanitizer when you enter the building or at the start an off site therapy session.. \_\_\_\_\_
- You will adhere to the social distancing precautions we have set up in the waiting room, gym, and clinic rooms. For example, you won't move chairs or sit where we have signs asking you not to sit. \_\_\_\_\_
- You will wear a mask in all areas of the clinic facility or for the duration of off site services. \_\_\_\_\_
- 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-19. \_\_\_\_\_
- If you have come in contact with anyone who tests positive for the infection, you will immediately let your therapist know and we will then resume treatment via telehealth. \_\_\_\_\_

DFX 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 and update this form.

### **DFX Health Check procedures**

Before meeting for your child's appointment, you must complete a self administered health check for EVERY family member in your household(s). This must be completed 24 hours prior to your child's appointment. Please screen family members for the following:

- Has anyone in the family been in contact with any individuals with COVID 19 in the last 14 days?
- Do any family members have:
  - Dry Cough
  - Sore Throat
  - Shortness of breath
  - Loss of taste or smell
- Complete a [temperature check with a temple thermometer](#).
- If any family member has been in contact with anyone with COVID 19 in the last 14 days, has any of the above symptoms, or has a temperature of 100.4 you must reschedule your child's appointment.

**A scheduled session will only be able to proceed if the clinician receives a response to all of these questions the day prior to the visit. No response will indicate that the visit will not proceed.**

 Please indicate your preferred method of communicating this information:     email or     text

### **Our Commitment to Minimize Exposure**

DFX has taken steps to reduce the risk of spreading the coronavirus within the clinic and we have posted our efforts on our website and on site . Please let us know if you have any questions about these efforts or would like to see our policies and procedures.

### **If You or Your Therapist Are Sick**

You understand that we are committed to keeping you, your therapist, DFX staff, and all of our families safe from the spread of this virus. If you show up for an appointment and we ascertain that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the clinic immediately. We can follow up with services by telehealth as appropriate.

If your therapist tests positive for the coronavirus, we 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, we may be required to notify local health authorities that you have been in our clinic . If we have to report this, we will only provide the minimum information

necessary for their data collection and will not go into any details about the reason(s) for your visit(s) to our clinic. By signing this form, you are agreeing that we may do so without an additional signed release.

**Informed Consent**

This agreement supplements the general informed consents and financial agreement that you agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client signature (parent if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treating Therapist

\_\_\_\_\_  
Date