

Lisa McDonald Cheney, PsyD, PLLC
Licensed Clinical Psychologist

4165 Westport Road, Suite 303
Louisville, KY 40207

drlisacheney.com

(502)759-0940 Phone
(502) 208-7706 Fax

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

This document contains important information about policies for meeting in-person during the public health crisis. Please read this carefully and let me know if you have any questions. This informed consent serves as an addendum to the Consent to Treat form that must be completed prior to an initial session with Dr. Cheney.

Decision to Meet Face to Face

I agree to meet in person for some or all future sessions with Dr. Cheney. If there is a resurgence of the pandemic or if other health concerns arise, however, Dr. Cheney may require that we meet via telehealth. I also understand that I may request telehealth appointments with Dr. Cheney. Dr. Cheney will evaluate each client and their specific circumstances to determine if telehealth is clinically appropriate. If I have any additional concerns or questions about telehealth, I understand that I can discuss them with Dr. Cheney.

Your Responsibility to Minimize Your Exposure

I understand that Dr. Cheney cannot eliminate all health risks associated with in-person sessions. However, Dr. Cheney will use several safeguards and policies recommended or required by the Centers for Disease Control (CDC) and local public health officials to minimize any health risks to clients. In order to obtain in person services, I agree to take precautions to help keep myself and others (including my family, Dr. Cheney and other clients) safer from exposure to and illness from Covid-19. I understand that my failure or refusal to adhere to these safeguards may result in Dr. Cheney returning to or starting telehealth appointments to ensure my safety as well as the safety of others. Please initial each safeguard to indicate that you understand and agree to these actions (and will ensure your child engages in these practices if the client is a minor):

- I will only keep my appointment if I am symptom free. _____
- I will take my temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), you will cancel the appointment and/or proceed to use telehealth. _____
- I will wait in my car until Dr. Cheney calls me to let me know she is ready for me to come upstairs for our appointment. _____
- I will wash my hands and/or use the hand sanitizer outside Dr. Cheney's office when I enter and leave the building. _____
- I will wear a mask inside the building (Dr. Cheney will wear a mask as well). _____
- I will wash/laundry the mask I wear to therapy prior to and in between sessions. _____
- I will engage in social distancing and will stay 6 feet away from others at all times. _____
- I will let Dr. Cheney know if I have been exposed to someone who has tested positive for Covid-19. _____
- I will let Dr. Cheney know if my job places me at high-risk for exposure or I engage in an activity that heightens my risk for exposure (e.g. activities in large groups, etc). _____

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Dr. Cheney’s Commitment to Minimize Exposure

I understand that Dr. Cheney has taken steps to reduce the risk of exposure including (but not limited to) sanitizing high touch areas and items (e.g., door knobs, pens and tables) between sessions, discontinuing use of the waiting room and providing sanitizing stations outside and inside her office. Please let Dr. Cheney know if you have any questions about these efforts. If Dr. Cheney believes an individual is exhibiting symptoms, has a fever or has been exposed to someone who has tested positive for Covid-19, she will request the individual to leave the office immediately. Dr. Cheney will follow up with telehealth services if appropriate. If Dr Cheney tests positive for Covid-19, she will notify you so you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for Covid-19, I may be required to notify local health authorities that you have been in the office. If I do need to alert local health authorities, I will provide as little information necessary for their data collection and will not release any information about the nature of our sessions. By signing this document, you agree that I may release this information without an additional signed consent.

By Signing Below You are Agreeing:

I hereby acknowledge I have read and understand the specific policies and safeguards related to Covid-19 described above by Dr Cheney, including the specific policies related to confidentiality for clients who test positive for Covid-19. I also acknowledge that I am in agreement with these policies and safeguards. I understand the risk associated with in person sessions and consent to meet in person with Dr. Lisa Cheney. I understand I can terminate consent for in person sessions at any time.

Signature of Client

Date

Signature of Parent, Guardian or Responsible Party

Date

Signature of Therapist

Date

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