



Case # _____

**Western Carolina University
McKee Assessment and Psychological Services Clinic**

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

Client Name: _____

DOB: _____

This Informed Consent for In-Person Psychological Services is a supplement to the WCU McKee Clinic Informed Consent and Service Agreement. Please read this document carefully and let us know if you have any questions.

The threat of COVID-19 is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, the clinic has altered many of our procedures. We ask that you:

- Reschedule your appointment if you have had any of the known symptoms for COVID-19 within the past 14 days;
- Reschedule your appointment if you have been in and around any “hotspots” (any place that may have a higher rate of infections) within the past 14 days;
- Let our staff know if you have tested positive for COVID-19 at any point and how long it is been since you have had any symptoms;
- You will contact the clinic upon your arrival to complete a COVID-19 symptoms check and wait in your car or outside the building until someone comes out to walk you into the clinic;
- No non-clients will enter the clinic or the building and are requested to wait in their cars or outside the building;
- Complete a temperature check at the kiosk;
- Wear a facemask (if you do not have one, one will be provided; the first mask will be free of charge);
- Use the hand sanitizer upon entering our office, even if you leave for a moment and return;
- Maintain a 6-foot distance between you and anyone in this office;
- Cover your mouth if you sneeze or cough;
- Wash your hands for at least 20 seconds if you leave to use the restroom;
- Avoid any physical contact with anyone in this office.
- If you are bringing a child or other dependent in for services, you agree to ensure that both you and your child/dependent follow all of these protocols.

In order for us to provide you with in-person services, the following protocols will be followed by our faculty and student clinicians:

- We self-quarantine and seek medical attention if we have had any of the known symptoms for COVID-19 within the past 14 days;
- We self-quarantine if we have been in or around any “hotspots” (any place that may have a higher rate of infections) within the past 14 days;
- We wear masks and/or face shields at all times
- We complete a temperature check each time we enter the clinic;
- We regularly wash our hands and use hand sanitizer;
- We disinfect any chair, table, door handle, etc. that someone has used;
- We disinfect the office before closing and clean all spaces prior to beginning a session;
- We maintain a 6-foot distance between us and anyone in this office;
- We maintain appropriate hygiene (e.g., cough/sneeze in elbow, wash hands for 20 seconds, etc.);
- We use clear, plexiglass dividers in each room to minimize exposure.

We remain committed to following any other state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices, recognizing that these guidelines change from time to time. If there is a resurgence of the pandemic or if other health concerns arise, the clinic may close if we cannot ensure the safety of our students, faculty, and all clients. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. **By proceeding with in-person services, you are acknowledging and accepting these risks.**

If you decide at any time that you would feel safer discontinuing in-person assessment services, we will explore modifications and accommodations as long as it is feasible and clinically appropriate (as determined by the student-clinician and supervising faculty member/licensed psychologist).

If a person enters our office and is soon found to be infected with the virus, we may be contacted by the health authorities for possible contact tracing. If the affected person was in the office during or immediately before you were, we will feel obligated to provide your name and phone number to the contact tracing effort. We will not provide any other information for contract tracing purposes; we will not explain the reason you were present. If the affected person was in the office during or immediately before you were, you also will be notified by the clinic office that you may have been potentially exposed, so you can monitor for potential symptoms. Your signature below confirms that you understand and agree to this new limitation on patient privacy without an additional signed release.

By entering your full name below (representing your signature), 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.

Name of client: _____

Date: _____

Guardian/Client Signature: _____

Date: _____