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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 LoginClinics staff) to resume in-person services in light of the COVID-19 public health crisis. **Please read this carefully, and let your clinician know if you have any questions.** When you sign this document, it will be an official agreement between you and LoginClinics, PLLC.

### **Decision to Meet Face-to-Face:**

We have agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, LoginClinics, PLLC may require that we meet via telehealth.\* If you have concerns about meeting through telehealth, you and your clinician will talk about it first and try to address any issues. You understand that, if your clinician believes it is necessary, they may determine that services 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, that decision will be respected, 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.

\*Some testing procedures cannot be done through telehealth platforms and will need to be postponed instead if this occurs.

\_\_\_\_\_ **Please initial to signify your understanding of the above statement.**

### **Risks of Opting for In-Person Services:**

You understand that by making house calls to your residence or a mutual location, you are assuming the risk of exposure to the coronavirus (or other public health risk).

\_\_\_\_\_ **Please initial to signify your understanding of the above statement.**

**Your Responsibility to Minimize Your Exposure:**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, LoginClinics, PLLC staff, and other patients) safer from exposure, sickness, and possible death. If you or your child do not adhere to these safeguards listed below, our staff members have the right to terminate the session and return to a telehealth arrangement if possible.

\_\_\_\_\_ **Please initial to signify your understanding of the above statement.**

**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. \_\_\_\_\_
- You will have your temperature taken by our staff before starting each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you understand and agree to cancelling the appointment and proceeding using telehealth when appropriate. *No cancellation fees will apply if this occurs.* \_\_\_\_\_
- You will wash your hands or use alcohol-based hand sanitizer prior to the appointment.  
\_\_\_\_\_
- You will adhere to the safe distancing precautions we have set regarding your visit. \_\_\_\_\_
- You will wear a mask in all areas (LoginClinics Staff will also). \_\_\_\_\_
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with any staff member. \_\_\_\_\_
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. \_\_\_\_\_
- If you have your child with you, you will make sure your child follows all these sanitation and distancing protocols. \_\_\_\_\_
- You will take steps between appointments to minimize your exposure to COVID. \_\_\_\_\_
- If you have a job that exposes you to other people who are infected, you will immediately let LoginClinics Staff know. \_\_\_\_\_
- If you commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let LoginClinics staff know. \_\_\_\_\_
- If you or a resident of your home tests positive for the infection, you will immediately let LoginClinics staff know and we will then resume treatment via telehealth if possible.  
\_\_\_\_\_

*\*LoginClinics, PLLC 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.*

**Our Commitment to Minimize Exposure:**

LoginClinics, PLLC has taken steps to reduce the risk of spreading the coronavirus within the office, and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

**If You or LoginClinics Staff Are Sick:**

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

If LoginClinics staff test positive for the coronavirus, we will notify you, so 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 the office. 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 visits. 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 consent/business agreement that we agreed to at the start of our work together.

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

\_\_\_\_\_  
Client/Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name