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## **Agreement for In-Person Services During the COVID-19 Public Health Crisis**

This document contains important information about our decision (yours and mine) to have in-person services in light of the COVID-19 public health crisis. Our decision is based in part on recommendations by the Center for Disease Control (CDC), but other factors may be considered. Some of these include but are not limited to: whether we and our families have been vaccinated, our health or the health of those we are in close contact with, and risk of exposure outside of this setting. There may be other concerns that we can talk about.

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 plan to meet in person for sessions, and I may have to limit the number of people attending appointments to maintain appropriate physical distancing. 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 with telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services is determined by insurance companies and applicable law, so we'll discuss any financial implications if needed.

### **Risks of My Multi-Suite Office Building and Opting for In-Person Services**

Although my office is not shared with other healthcare providers, my office is a suite in a multi-suite office building with other suites used by a number of people. They may or may not be healthcare providers, and they may or may not be following guidance relevant to healthcare or other settings. I have no control over them or who may be visiting the building, which has an unmonitored and unlocked exterior door during the day. The common areas of the building (e.g., hallway leading to my office, restrooms) are used by others, and I have no control over what precautions they may or may not be taking. The window in my office is not able to be opened, and I have no control of the ventilation system, which is connected to the rest of the building.

You understand that by coming to my office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service. I am resuming in-person services after 70% of adults in Oregon have had at least one dose of a COVID-19 vaccine and restrictions in most public settings were lifted, so that the risk posed by my multi-suite office building might approximate the risk in other public settings. Nonetheless, my multi-suite office building increases your risk, and this risk may be substantially greater than your risk in other settings, especially if you are taking extra precautions.

## **My Commitment to Minimize Exposure**

My family and I are fully vaccinated (having had a second dose of a two-dose vaccine over two weeks ago), and I have taken steps to reduce the risk of spreading the coronavirus within my office. I have posted my efforts in my office. Please let me know if you have questions about these efforts. I also have potential exposure in other settings, including but not limited to my work in a school, which is separate from the office for my psychology practice.

## **Your Responsibility to Minimize Your Exposure**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families and others in my office building) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our switching to a telehealth arrangement. Signing below indicates that you understand and agree to these actions:

- You will tell me if you've been vaccinated. If you haven't, we'll talk about the reasons and whether it's possible to meet safely in person.
- You will take your temperature before coming to each in-person appointment.
- You will cancel your in-person appointment (with no cancellation fee) or switch to telehealth if:
  - you have COVID-19 symptoms;
  - you have had a temperature of 100°F or more within the last 10 days; or
  - you have spent more than 15 minutes (during a 24-hour period) with anyone who has tested positive for COVID-19 within the last 14 days.
- You will wait in your car or outside until no earlier than 5 minutes before our appointment.
- You will wash your hands or use alcohol-based hand sanitizer, when you enter the building or my office.
- You will adhere to the safe distancing precautions that have been set up. For example, you won't move chairs or sit where there are signs asking you not to sit.
- You will wear a mask in all areas of my office (I will also wear a mask during our appointment).
- You will keep a distance of 6 feet and there will be no physical contact with me (e.g., no shaking hands).
- 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 your child comes to an in-person appointment, you will make sure that your child follows all of these protocols.
- You will take steps between appointments to minimize your exposure to COVID.
- If you have an occupation that exposes you to other people who are infected, you will immediately let me know.
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know.
- If a resident of your home tests positive for COVID-19, you will immediately let me know and we will then switch to treatment via telehealth.
- If your child comes to an in-person appointment, you will make sure that your child follows all of these protocols.

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.

## If You or I Are Sick

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

If I test positive for the coronavirus, I 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, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reasons for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

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Client's (Child's) Name

Child's Birthdate

## Informed Consent

This agreement supplements the agreement that we agreed to at the start of our work together.

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

I am: ☐ the child's parent ☐ the child's legal guardian

Signature: \_\_\_\_\_ Date

Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date

Your Name: \_\_\_\_\_

Child's  
Signature: \_\_\_\_\_  
(required if 14 years old or older) Date

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C. David Maxey, M.A. Date  
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