

NADYA L.K. TILLUCKDHARRY, PSY.D., LLC

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

CLIENT NAME: _____ D.O.B.: _____

Thank you for your trust in my practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as "Coronavirus," at any time or in any place. Dr. Tilluckdharry has taken steps to reduce the risk of exposure to the coronavirus within the office, details of which can be found in the building and on www.nadyatilluckdharrypsyd.com. Please let us know if you have questions about any safety procedures.

This office is open for in-person treatment for families where telehealth services are not indicated. Please note that we will continue to monitor reports from the CDC, WHO, and the State of Florida and we may choose to discontinue in-person services if health risks become too great. Should this become necessary, treatment via telehealth will continue as is deemed feasible and clinically appropriate. Additionally, if you decide at any time you would prefer to use telehealth services, please discuss this with your therapist to determine if that would be an appropriate option for your family.

Dr. Tilluckdharry is committed to keeping all our families safe. Visitors that present with a fever or other COVID-19 symptoms will not be permitted in the office and/or will be asked to leave the premises immediately. If you have been exposed to someone with COVID-19 and have an appointment scheduled within 5 days of exposure, please contact Dr. Tilluckdharry at (407) 457-7821 to reschedule. If you test positive for COVID-19 and have an appointment scheduled within 5 days of your positive test, please let our staff know immediately to reschedule.

Despite careful attention to disinfection and use of personal safety barriers, there is still a chance that you could be exposed to an illness in the office, just as you might be at your grocery store or other public spaces. Dr. Tilluckdharry believes that her diligent efforts to prevent spread of the virus will make risk of exposure within our office minimal, but she must inform you that there is still risk, however slight.

By signing below, you accept the risk of potential exposure and consent to in-person treatment

Parent / Legal Guardian Signature

Date