



Dr. Sheri M. Siegel
Licensed Psychologist

Informed Consent And Assumption of the Risk and Waiver of Liability
Relating to In-Person Meeting During
Coronavirus/COVID-19 Crisis

The novel corona virus COVID-19 was formerly declared a worldwide pandemic by the World Health Organization. **COVID-19 is still extremely contagious** and is believed to spread mainly from person-to-person contact.

Dr. Sheri Siegel has put in place preventative measures to reduce the spread of COVID-19. These measures are posted in the office. However, Dr. Sheri Siegel **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, attending in-person appointments with Dr. Sheri Siegel **could increase** your risk and that of your child(ren) of contracting COVID-19.

Your Responsibility to Minimize Your Exposure

To obtain services in-person, you agree to take the following precautions, which will keep you, me, and our families safer from exposure. If you do not adhere to these safeguards, it may result in our starting/returning to a telehealth arrangement. Initial each to indicate you understand and agree to these actions:

- _____ You will only keep in-person appointments if you are symptom free.
- _____ You will take your temperature before coming to each appointment and if it is elevated above 100 F, or if you have any other symptoms of corona virus, you will cancel the appointment and proceed using telehealth.
- _____ You will come in exactly at your scheduled appointment time and proceed directly into my office. Dr. Siegel will text you only if she needs you to delay coming in.
- _____ As I no longer have a waiting room, if there are multiple family members, those not involved in the session will need to wait outside the office.
- _____ You will wash your hands prior to, or use alcohol-based hand sanitizer, when you enter the office.
- _____ You will adhere to the safe distancing precautions of at least 6 ft while in the office and there will be no physical contact with me (eg: hand-shaking, etc).
- _____ You will take steps between appointments to minimize your exposure to COVID-19.
- _____ You will immediately inform me if you believe you have been exposed to someone who is infected with COVID-19.

My goal is to provide you with the best care, as well as to keep you, me, and our families safe. If you attend a session and I believe you are ill or have been exposed, I will have to ask you to leave immediately and we will follow up with telehealth as appropriate. Should I test positive or have any symptoms, I will inform you immediately, as well.

By initialing each item and signing this agreement, you:

- _____ Acknowledge the contagious nature of COVID-19, and
- _____ Voluntarily assume responsibility to the risk that you and/or your child(ren) may be exposed to, or infected by, COVID-19 while attending in-person appointments with Dr. Sheri Siegel, and
- _____ Acknowledge such exposure or infection may result in personal injury, illness, permanent disability, or death.
- _____ You understand that the risk of becoming exposed to, or infected, by COVID-19 at Dr. Sheri Siegel's office may result from the actions, omissions, or negligence of yourself and others, including, but not limited to, Dr. Sheri Siegel.
- _____ You voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to yourself and/or your child(ren) (including but not limited to personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind, that you or your child(ren) may experience or incur in connection with your attendance or your child(ren)'s attendance at in-person appointments with Dr. Sheri Siegel.
- _____ On your behalf and/or on behalf of your child(ren), you hereby release, covenant not to sue, discharge, and hold harmless Dr. Sheri Siegel from the claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto.
- _____ You understand and agree that this release includes any claims based on actions, omissions, or negligence of Dr. Sheri Siegel, whether a COVID-19 infection occurs before, during, or after participation in any in-person appointments with Dr. Sheri Siegel.

If you test positive for COVID-19, 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 and will not go into details regarding the nature of our visits. By signing this form, you are agreeing I may do so without an additional signed release.

Your signature below indicates your agreement with these terms and conditions.

Name of Patient

Signature of Dr. Sheri Siegel

Signature of Patient/Parent

Date

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