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

This document contains important information about our decision to have in-person services in light of the COVID-19 (coronavirus) public health crisis. COVID-19 is extremely contagious and is believed to be spread mainly from person-to-person contact. This Informed Consent for In-Person Psychological Services is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. When you sign this document, it will be an official agreement between us.

If you decide at any time that you would feel safer having a phone session I will respect that decision, as long as it is feasible and clinically appropriate. It is also important to consider that phone sessions may no longer be reimbursed by your insurance company.

**Prior to your appointment**

You agree not to present for in-person services if you have a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19 or if you have been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past 14 days. I won't charge you our normal cancellation fee. If at all possible, the appointment will be converted into a phone session.

**Your Responsibility to Minimize Your Exposure Immediately Before, During, and After Your Session**

- Please sit in your car before an appointment; I will text or call you when I am ready for you to come back to my office.
- You will be required to wear a face covering or mask while in the office..
- Before, during, and after your session, we will maintain a safe distance (six feet) apart.
- Physical contact is not permitted (no handshaking or hugs).
- Do not bring anyone with you unless they are joining in the therapy session.
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### 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 my 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 reason/s for our visits. By signing this form, you are agreeing that I 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.

By signing below, 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-person services. By signing below, you are voluntarily assuming the risks and accepting sole responsibility for, including, but not limited to, personal injury, disability, and death, illness, damage, loss claim, liability, or expense of any kind that you or, if applicable, your minor child(ren) may experience or incur in connection with your decision to begin or return to in-person therapy sessions during the COVID-19 crisis. On your behalf and/or on behalf of, if applicable, your minor child(ren), you are agreeing to release, covenant not to sue, discharge, and hold me harmless from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto to a COVID-19 infection that occurs before, during, or after participation in any in-person appointments with me.

Client Name (Printed) \_\_\_\_\_

Client Signature \_\_\_\_\_

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