

TERRAP Anxiety and Phobia Care

A division of Julian M. Herskowitz, PhD, Psychologist, P.C.
755 Park Avenue * Suite 140 * Huntington, N.Y. 11743
Tel: 631.549.8867 Fax: 631.423.8446

Julian M. Herskowitz, Ph.D.
President

Claudia Weisman
Admin/Insurance Coordinator

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

This document contains important information about our decision (your and mine) to resume in-person services in light of the COVID-19 public health crisis. 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 meet in person for some or all future sessions. 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 staying with, or returning to, telehealth services, I will respect that decision, 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.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to the Coronavirus (or other public health risk).

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, [my other staff] and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement. Initial each to indicate that you understand and agree to these actions: (Initial all)

- *You will only keep your in-person appointment if you are symptom free. _____
- *If you have symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. _____
- *You will wait in your car or outside (or in hallway) until no earlier than 5 minutes before our appointment time. _____
- *You will wash your hands or use alcohol-based hand sanitizer when you enter the building. _____
- *You will adhere to the social distancing precautions in the waiting room. _____
- *You will wear a mask if unable to maintain a safe distance. _____
- *You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me [or staff]. _____
- *You represent that you are fully vaccinated. _____

Sincerely,

THE ENTIRE STAFF AT TERRAP

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Office Safety Precautions in Effect During the Pandemic

My office is taking the following precautions to protect our patients and help slow the spread of the coronavirus.

- *Hand sanitizer is available in all areas.**
- *All offices are equipped with air purifiers with UV lights that kill bacteria/viruses.**
- *Disinfectant wipes are used in high traffic areas.**
- *We will change to telehealth or cancel the appointment if any providers exhibit's any symptoms of the virus.**

Sincerely,

License #