LUX PSYCHIATRY,

PLLC

Priscilla Hidalgo A., MD

COVID 19 POLICY FOR IN-PERSON

APPOINTMENTS

Our office is located at

In-Person appointments will be available **ONLY** to patients that are **fully vaccinated** (**and boosted**) against COVID-19. Per Center for Disease Control (CDC):

In general, people are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

If you don't meet these requirements, regardless of your age, you are NOT fully vaccinated. Keep taking all precautions until you are fully vaccinated.

If you are not vaccinated, we will require that you continue to maintain your appointments via telemedicine. For more information, please check: https://www.cdc.gov/coronaviru...

- Our decision to begin/resume in person services in light of the COVID-19 public health crisis is based
 in part on the 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.
- To obtain services in person, you agreed to take certain precautions which will help keep everyone (you, me, yours and my family, my other staff and other patients) safer from exposure, sickness and possible death. If you do not adhere to the safeguards it may result in our starting/returning to a telehealth agreement.
- Please read this carefully and let me know if you have any questions. By signing this document, you understand this will be an official agreement between us.
- 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 is also determined by the insurance companies and applicable law, so will discuss any financial implications if needed.
- You understand that by coming to the office that you are assuming the risk of exposure to the coronavirus (or other public health risks). The risk may be increased if you travel by public transportation, or right sharing service.
- You will tell me if you have been vaccinated and boosted. If you have not, we will talk about the

reasons and whether it is possible to meet safely in person.

- You will only keep your in person appointment if you are symptom-free.
- You will only keep your in person appointment if you have been fever free for a minimum of 10 days prior to our appointment.
- You will cancel your appointment if you have been in contact with someone who has tested positive within the last 14 days.
- You will take your temperature before coming to each appointment. If it is elevated (100 °F or more), or if you have other symptoms of the coronavirus (change in smell, cough, nasal congestion, difficulty breathing, stomach upset, etc.) you agreed to cancel the appointment or proceed using telehealth if you wish to cancel for this reason I want charge you are normal cancellation fee.
- You will wait in your car or outside (or in a designated safer waiting area) until or no earlier than 5 minutes before our appointment time.
- You will wash your hands or use alcohol-based sanitizer when you enter the building.
- You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you move chairs oersted or you have signs asking you to not sit.
- You will wear a mask in all areas of the office (I will too), you will keep a distance of 6 feet and there will be no physical contact (i.e. no shaking hands) with me.
- You will try to not touch her face or eyes with your hands. If you do, you will immediately wash your hands or use sanitizer.
- We recommend you do not bring your child to your appointment. If you are bringing your child, you will make sure that your child follows all the same sanitation and distancing protocols.
- You will take steps between appointments to minimize her exposure to COVID.
- If you have a job 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 her family), you will let me or my staff now.
- If a resident of your home (or other close contact) tests positive for the infection, you will immediately let me (and my staff) know and we will begin/resume treatment via telehealth.
- 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.
- My practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted her efforts on the website and in the office. Please let me know if you have any questions about these efforts.
- You understand that I am committed to keeping you, me, staff and all of our families safe from the spread of the 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 via telehealth as appropriate
- If I (or people that I have close contact with) test positive for coronavirus I will notify you so that you can take appropriate precautions.
- If you have tested positive for the coronavirus I may be required to notify the 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 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.

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

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