

May 24, 2021



Return to In-Person Services Policy

I greatly appreciate everyone's participation in virtual psychotherapy this past year, tolerating doorbells, dogs barking and internet inconsistencies. Despite the hiccups, it has gone well, and I have appreciated the opportunity to continue to work and keep everyone, including myself, safe and healthy.

I miss seeing people in person, though, and I will begin a gradual return to in-person services starting July 1, 2021. No one will be required to return to my office as long as the national emergency order allowing for telehealth is still in effect, likely until the end of 2021. But if you are interested in doing face-to-face therapy, here's my plan.

I have been fully vaccinated since April. If you are fully vaccinated, you may return to the office with the option of no masks, as recommended by the CDC ([When You've Been Fully Vaccinated | CDC](#)). **Vaccination cards will be required** if you choose this option. They can be emailed or brought to your first in-person appointment. If you are more comfortable keeping your mask on, or prefer that I keep my mask on, that is also ok. If you have not been fully vaccinated, masks will be required for both of us. I will have extra disposable masks on hand for your convenience.

Some additional safety measures:

- ❖ Masks are still strongly recommended in common areas of building
- ❖ Hand sanitizer will be available inside and outside my office
- ❖ Spacing of chairs 6" apart
- ❖ Group therapy will remain virtual for now as I am unable to space out the chairs
- ❖ Only one family/household in the waiting room at a time
- ❖ Regular wiping down of furniture and doorknobs in my office and waiting room
- ❖ Intake forms will continue to be completed online
- ❖ Clients will be asked to self-screen (see below) and report to me via text or email before in-person appointments. If any question is answered yes that session will be virtual.

1. *Do you have any of the following new or worsening symptoms, not related to other conditions like allergies?*

- i. *Fever (above 100) or chills*
- ii. *Difficulty breathing or shortness of breath*
- iii. *Cough, sore throat, trouble swallowing*
- iv. *Runny/stuffy nose or congestion*

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- v. *Loss of smell or taste*
 - vi. *Nausea, vomiting, diarrhea, abdominal pain*
 - vii. *Not feeling well, extreme fatigue, sore muscles*
 - 2. *Have you travelled outside of the country in the last 14 days?*
 - 3. *Have you been diagnosed with or had contact with a confirmed or probable case of Covid19 in the last 14 days?*
- ❖ Informed consent will be signed (attached)

I will be regularly following the CDC for changes in guidelines and will update you and this policy as needed. Please let me know if you have any questions or concerns.

Best,

A handwritten signature in black ink that reads "Stacy Nye PhD". The signature is written in a cursive, flowing style.

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

This document contains important information about our decision (yours and mine) to begin/resume in-person services in light of the COVID-19 public health crisis. Our decision is based in part on 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.

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 is also determined by the insurance companies and applicable law, so we'll discuss any financial implications if needed.

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). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, 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:

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- You will tell me if you have been vaccinated. If yes you will show me your vaccination card. If you have not, we will talk about whether it's possible to meet safely in person. ____
- You will text me your answers to the self-screening questions and only keep your in-person appointment if none are answered yes. ____
- You will only keep your in-person appointment if you are symptom free. ____
- You will only keep your in-person appointment if you have not travelled outside of the country within the last 14 days. ____
- You will only keep your in-person appointment if you have not 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 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I will not charge you a cancellation fee. ____
- You will adhere to the safe distancing precautions I have set up in the waiting room, only one family/household in the waiting room at a time ____
- You will keep a distance of 6 feet and there will be no physical contact (e.g., no shaking hands) with me. ____
- You will take steps **between** appointments to minimize your exposure to COVID. ____
- You will not hold Nye Psychotherapy responsible if you develop coronavirus at any time during or after our work together. ____

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 Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and I have posted our efforts on our website and in the waiting room. Please let me know if you have questions about these efforts.

If You or I Are Sick

You understand that I am committed to keeping you, me, and our families safe from the spread of this 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 by telehealth as appropriate.

If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

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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 the 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.

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

Patient/Client

Date

Stacey Nye PhD

Date