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Infant & Toddler Connection of Augusta-Highland

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

This document contains important information about our decision (yours 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, ITC may require that we meet via telehealth. If you have concerns about meeting through telehealth, ITC staff will talk about it first and try to address any issues. You understand that, if ITC staff determine it is necessary, a request for telehealth will be made. If you decide at any time that you would feel safer staying with, or returning to, telehealth services, ITC will respect that decision.

### **Risks of Opting for In-Person Services**

You understand that when ITC Staff come into your home, you are assuming the risk of exposure to the coronavirus (or other public health risks).

### **Your Responsibility to Minimize Your Exposure**

To obtain services in person, you agree to take certain precautions which will help keep everyone including you, ITC staff, and our families, safer from exposure, sickness, and possible death. If you do not adhere to these safeguards, it may result in ITC starting/returning to a telehealth arrangement. Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person home visit if you are symptom-free. \_\_\_\_
- You will wear a mask in all areas of the home or office. \_\_\_\_
- You will take steps between visits to minimize your exposure to COVID. \_\_\_\_
- If you have a job that exposes you to other people who are infected, you will immediately let ITC Staff know. \_\_\_\_
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let ITC Staff know. \_\_\_\_
- If a resident of your home tests positive for the infection, you will immediately notify ITC staff and we will then [begin] resume sessions via telehealth. \_\_\_\_

**Our Responsibility to Minimize Your Exposure**

- ITC staff will only keep an in-person home visit if the staff member is symptom-free.
- ITC staff will wear a mask or protective face shield in all areas of the home or when you are in the office.
- ITC staff will notify you if they have been exposed to someone who has been infected or exposed to COVID.

ITC reserves the right to 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. ITC has taken steps to reduce the risk of spreading the coronavirus within the office.

**Informed Consent**

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

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Name

\_\_\_\_\_  
Date