

Dr Melanie Bierenbaum
Licensed Psychologist
14354 N Frank Lloyd Wright Blvd
Bldg C, Ste 10
Scottsdale, AZ 85260

COVID-19 Consent Form: Treatment Considerations and Risks

Centers for Disease Control and Prevention is responding to a pandemic of respiratory disease spreading from person to person caused by a novel (new) coronavirus. The disease has been named “coronavirus disease 2019” (abbreviated “COVID-19”). This situation poses a serious public health risk. The federal government is working closely with state, local, tribal, and territorial partners as well as public health partners, to respond to this situation. COVID-19 can cause mild to severe illness; most severe illness occurs in adults 65 years and older and people of any age with serious underlying medical problems.

By agreeing to proceed with in-person patient care, you understand that the risk of exposure to the coronavirus is possible. To ensure the safety of patients and staff, the following policies are effective immediately until further notice:

1. If you have had known contact with a person who has tested positive for COVID-19 or have been exposed to a person with fever, chills, or respiratory illness, please communicate this prior to your appointment. Your appointment will be cancelled and you will be offered a telehealth appointment.
2. The only people who should attend the appointment includes the patient and their legal guardian(s). Siblings and non-family members are not permitted in the office at this time without prior permission from office staff.
3. Please sanitize your hands upon entry into the office. Sanitizer is available for your use in the office.
4. If you or a family member test positive for COVID within one week after your appointment with Dr. Bierenbaum, please contact my office and let me know so I can inform other patients about this potential exposure.

These policies are being put into place in order to protect the health and safety of patients, doctors, and staff. By signing this form, you are consenting to in-person treatment and understand the risks associated with this. If you do not adhere to these policies, your appointment will be rescheduled and you will be charged a late cancellation fee. Thank you for your cooperation in keeping everyone as safe as possible.

Patient or Guardian (if minor) Signature

Date

Patient or Guardian (if minor) Signature

Date