



COLUMBIA PSYCHOLOGY.com

HEALING CENTER LLC

1900 N. Providence Rd. #327 Columbia, MO 65202 (P) 573-818-7010 (F) 573-818-7012
emily@columbiapsychology.com

COVID-19 CHECKLIST AND ACKNOWLEDGMENT

Please answer the following questions. All questions must be answered prior to being seen in-office for your appointment.

1. Have you traveled outside of the country in the past 14 days? If so, please list the countries below.

Yes _____ No _____

If Yes, list countries: _____

2. Have you been exposed to someone who tested positive for COVID-19, or who you believe has COVID-19, within the past 14 days?

Yes _____ No _____

3. Are you currently experiencing, or have you had any of the following symptoms in the past 14 days:

	YES	NO
Fever of 100 or above		
Difficulty Breathing		
Cough		
Body Aches		
Stomach Aches		
Sore Throat		
Loss of Taste or Smell		
Fatigue		
Flu-like Symptoms		
Other Illness Symptoms		



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4. In the past 14 days, have you been exposed to someone experiencing fever, difficulty breathing, cough, body aches, stomach aches, sore throat, loss of taste or smell, fatigue, flu-like symptoms, and/or other illness symptoms?

Yes _____ No _____

Office Safety Precautions in Effect During the COVID-19 Pandemic

Columbia Psychology Healing Center LLC is taking the following precautions to protect all of us, and help slow the spread of the coronavirus.

- UV-C sanitation/light bulbs have been installed in HVAC system with the highest quality filters.
- Air purifiers containing true 5 phase Hepa filter and UV-C Light operate continuously in the waiting area, psychological testing office, and offices of Dr. Emily Crawford-Thompson, Ph.D. and her supervisees.
- Offices and Common areas are thoroughly disinfected several times throughout each day with UV-C Light Sanitizer Wand.
- Nightly, multiple 60-80W UV-C Lights are turned on for 30-60 minutes to help sanitize air and surfaces.
- A sneeze guard has been installed in the psychological testing room.
- Providers, Clients, and all others who enter the premises are required to wear masks.
- Surgical Masks and face shields are available for clients to use, and are thoroughly cleaned and sanitized after each use.
- Clients' temperatures are taken upon arrival, and anyone with a fever of 100 or above will be asked to leave and reschedule their appointment.
- Clients are asked a series of screening questions prior to in-office sessions, and will be rescheduled as needed based on their responses.
- Clients are encouraged to reschedule their appointments should they have ANY sign of illness. Clients will not be charged for a cancelled appointment due to illness.
- Clients are asked to sanitize their hands upon arrival, and to refrain from touching their face.
- Hand sanitizer that contains at least 60% alcohol is available in the therapy/testing rooms, the waiting room and welcome entrance area. Gloves are available for sensitive skin.
- Office seating in the waiting room and in therapy/testing rooms has been arranged for appropriate physical distancing.
- We ask all clients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.



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- Surfaces that are commonly touched are thoroughly sanitized multiple times a day.
 - Physical contact is not permitted.
 - Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
5. Were you informed of the safety precautions taking place for your in-office appointment at Columbia Psychology Healing Center LLC?
Yes _____ No _____
6. Are you comfortable with the level of precautions being taken at Columbia Psychology Healing Center LLC?
Yes _____ No _____
7. Do you acknowledge that although safety precautions are being taken, there is still a possibility of contracting COVID-19 during an in-office appointment?
Yes _____ No _____
8. In acknowledgement of the safety precautions provided and risks involved, are you comfortable keeping your in-office appointment?
Yes _____ No _____
9. Would you like to reschedule your in-office appointment?
Yes _____ No _____
10. I agree to wear a mask during my entire time at Columbia Psychology Healing Center LLC.
Yes _____ No _____

*Columbia Psychology Healing Center LLC reserves the right to reschedule any in-office appointments based on the answers provided above. **If you are experiencing ANY symptoms of illness, including but not limited to fever, difficulty breathing, cough, body aches, stomach aches, sore throat, loss of taste or smell, fatigue, and/or flu-like symptoms, please cancel your appointment. You will NOT be charged for a cancelled appointment due to illness. If, within 14 days of your in-office appointment, you are diagnosed with COVID-19 and/or believe that you may have COVID-19,***



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please immediately contact Columbia Psychology Healing Center LLC at 573-818-7010.

ACKNOWLEDGMENT AND RELEASE

If your in-office appointment is kept based on your responses above, please read and sign the following regarding risks and liabilities.

I consent to receive in-office mental health services during the COVID-19 Public Health Emergency. I understand that COVID-19 is highly contagious, is believed to be spread by person-to-person contact, and, as such, social distancing is recommended. I understand that possible exposure to COVID-19 during in-office mental health services and being in close proximity to my provider, staff, and other clients in the waiting area may result in the following: A positive COVID-19 diagnosis, extended isolation, severe illness, hospitalization, intensive care treatment, other complications, and the risk of death. I understand that Columbia Psychology Healing Center LLC is taking reasonable precautions to limit the spread of COVID-19, yet there is still possibility of transmission.

I have made the decision to have in-office mental health services based on my own free will. I understand the risk of infection, including transmission of COVID-19, and am relying on my own judgment and knowledge. My decision to obtain in-office services is not based upon duress, undue influence, false statements, or other representations made by any third parties, including Columbia Psychology Healing Center, Emily Crawford-Thompson, Ph.D., or any of her supervisees or associates. This acknowledgement is not an admission of liability by Columbia Psychology Healing Center LLC or Emily Crawford-Thompson, Ph.D. or her supervisees or associates. I agree to release and hold Columbia Psychology Healing Center LLC, Emily Crawford-Thompson, Ph.D., and her supervisees or associates harmless from any claims or causes of action related to or arising from possible exposure or infection of COVID-19.

I understand that my Protected Health Information (PHI) can be released without my authorization, for public health activities including preventing or reducing a serious threat to anyone's health or safety. I am aware that in the event that myself, other clients at Columbia Psychology Healing Center LLC, and/or any provider at Columbia Psychology Healing Center LLC is suspected of having a serious illness (such as COVID-19), the Missouri Department of Health and/or the CDC (or other official institutions) may require disclosure of names/addresses/phone numbers of all persons who may have been affected. Normally, privacy rules prohibit this disclosure, but during outbreaks of illness where other people could be in danger, Emily Crawford-Thompson and/or her supervisees or colleagues would be obligated to provide this information to the authorities in order to prevent further spread of illness. Please talk with me if you have any questions or concerns about this, or any aspects of our privacy practices.



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I have carefully read this acknowledgement and understand its contents, and I am signing it on my own free will.

Client or Parent/Guardian of Client Signature Date

Clinician Signature Date