

JENNY ELLISON  
PSYCHOLOGY

# COVID Vaccination Status, Practice Procedures and Consent Form.

**Please download this form.**

1. This is an Interactive PDF; or
2. Alternatively please print and fill in;
3. Please return to [psychology@jennyellison.com.au](mailto:psychology@jennyellison.com.au)

ABN 66 451 812 522

**Jenny Ellison Psychology**

Medicare Provider Number: 2667803T

**Leederville**

Unit 10, 224 Carr Place  
Leederville WA 6007

[jennyellison.com.au](http://jennyellison.com.au)

## COVID Vaccination Status, Practice Procedures and Consent Form

Dear client,

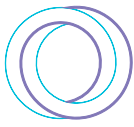
There will be a few new procedures in place for my practice from the 1st February 2022.

With the proverbial Omicron 'genie out of the bottle', I am needing to navigate the scenarios the next wave brings. I want to reassure you that a tailored plan will be made for all clients in order to ensure a co-created space of respect and responsibility.

1. In order to protect the health of all people who attend my practice, and in alignment with AHPRA requirements, I will see both vaccinated and unvaccinated clients face-to-face (with masks, hygiene, and spacing guidelines observed) and/ or telehealth when required. I will work out a specific plan for those that have special requirements.
2. Please let me know if you have been to any exposure sites, are at risk of being exposed to COVID-19 and/or are getting tested, or have symptoms consistent with COVID-19. We will likely need to move our session online if this is applicable to you.
3. General safety precautions for all will include:
  - Regular sanitisation of 'high touch' surfaces (before and after each session) such as tables, chair and door handles.
  - Masks or other relevant PPE.
    - a. Provision of sanitiser for your hands on entry.
    - b. Spacing of chairs 1.5 m apart.
    - c. Sign in with your CovidSafe app or manually.

**4. Please sign the consent form below before your next session**

I wish you all good health for 2022.



## Informed consent form for 'in person/face to face' sessions during the COVID-19 pandemic.

**Please read this document carefully concerning the risks of opting for in-person services and let me know if you have any questions.**

My decision is informed by advice from the Dept of Health, public health orders and best practice recommendations. A number of factors must be considered, including risk of exposure and duty of care to protect individual and public health.

I am offering a face-to-face format or online (if preferred) for the course of our sessions together. If there is an increase in health risk, including a spike in COVID-19 cases or other pandemic related concerns, I may choose to return to sessions via telehealth where appropriate and clinically relevant. It is important to acknowledge that all parties are responsible for taking relevant precautions to minimize exposure to COVID-19, and keep everyone safe (yourself, myself, our families, and our broader community).

To maintain ongoing in person services, I would appreciate your compliance with the following::

- **Symptoms within 10 days of session:** To alert me prior to appointments of any possible symptoms you have experienced, within the 10 days prior to your appointment.
- **Contact with a Covid positive person:** To let me know before any appointment if you are unwell or have been in contact with a COVID positive person, and we will reschedule your appointment or make it telehealth if possible
- **Sign in with CovidSafe app or manually:** To sign into my rooms using the relevant, CovidSafe app and QR code or manually sign in with the required details.

My practice is operating under a COVID Safe plan and taking necessary precautions to protect your safety on this premises. If you have any queries about what we are currently doing to ensure we maintain an optimal level of safety, please do not hesitate to discuss these efforts with me. 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.

Notably, we are unable to eliminate all risk, and you understand that by attending in-person services in a shared office environment, you are assuming a risk for potential exposure to the virus. Accordingly, if I, or anyone who enters the premises tests positive for COVID-19, I will notify you, so you are informed and able to take the necessary precautions.

Additionally, in the case where the clinic has an infection, I may be required to notify local health authorities or government bodies. If this is the case, I will only provide the minimum necessary information (in line with QR code check in data) to the relevant authorities.

**No further details regarding your interactions with myself, and our work together, will be disclosed.**

Your signature below shows that you agree and consent to the above terms and conditions and agree that information may be released to the relevant authorities where it may be necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jenny Ellison Clinical Psychologist