

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

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

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, our staff, and other patients) safer from exposure, sickness and possible death.

- You will only keep your in-person appointment if you are symptom free.
- 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.
- You will wait in your car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit.
- You will wear a mask in all areas of the office (Staff members will too).
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) staff.
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.
- If a resident of your home tests positive for the infection, you will immediately let us know.

### **Our Commitment to Minimize Exposure**

Our practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office.

### **If You or I Are Sick**

You understand that our office is committed to keeping you, our staff, and other patients] safe from the spread of this virus. If you show up for an appointment, and our staff members believe that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to reschedule your appointment.

If anyone of our staff members test positive for the coronavirus, we will notify you so that you can take appropriate precautions.

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

Print Name \_\_\_\_\_

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

