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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.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, Eastpointe Integrated Healthcare and other patients) safer from exposure and sickness. If you do not adhere to these safeguards, it may result in our decision to discharge you.

Initial each to indicate that you understand and agree to these actions:

- 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 wear a mask in all areas of the office (I [and my staff] will too). ____
- 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. ____
- You will take steps between appointments to minimize your exposure to COVID. ____
- If you have a job that exposes you to other people who are infected, you will immediately let the staff know. ____
- If a resident of your home tests positive for the infection, you will immediately let the staff know. ____

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.

Commitment to Minimize Exposure

Eastpointe Integrated Healthcare has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts in the office. Please let me know if you have questions about these efforts.

If You or We Are Sick

You understand that we are committed to keeping you, me, Eastpointe Integrated Healthcare and all of our families safe from the spread of this virus. If you show up for an appointment and any staff believe that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately.

If anyone at Eastpointe Integrated Healthcare tests positive for the coronavirus, we will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If we have to report this, we will only provide the minimum information necessary for their data collection and will not go into any details about your treatments. By signing this form, you are agreeing that I may do so without an additional signed release.

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

Patient

Date

Eastpointe Employee

Date