

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

This document contains important information about our decision for in-person services in light of the COVID-19 public health pandemic. Please read this carefully, initial next to dot, and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

### **Decision to Meet In-Person**

We have agreed to meet in person for acupuncture sessions. You understand that, if there is a resurgence of the pandemic or if other health concerns arise, however, I may require that we postpone treatments.

### **Risks of Opting for In-Person Services**

You understand that by coming to the office, you are assuming the risk of exposure to COVID-19 (or other public health risks).

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

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

**Please 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.
- \_\_\_\_ If your temperature is elevated (100°F or more), or if you have other symptoms of COVID-19, or feel you might be sick, you agree to cancel your appointment. If you wish to cancel for this reason, I won't charge you my normal cancellation fee.
- \_\_\_\_ You will arrive to your appointment no earlier than 5 minutes before your scheduled time.
- \_\_\_\_ You will wash your hands before entering or use alcohol-based hand sanitizer when you enter the clinic space.
- \_\_\_\_ You can wear a mask when entering the building but it is no longer required. Email practitioner beforehand if you would like them to be masked during treatment.
- \_\_\_\_ 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 me know.
- \_\_\_\_ If someone in your home tests positive for the infection, you will immediately let me know and we will postpone treatment.

(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.)

### **My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading COVID-19 within the office. Please let me know if you have questions about these efforts.

### **Office Safety Precautions in Effect During the Pandemic**

My office is taking the following precautions to protect our patients and help slow the spread of COVID-19.

- We will wear a mask if requested by patient or in case of a surge of infections.
- Everyone is encouraged to wash their hands regularly.
- Hand sanitizer that contains at least 60% alcohol is available in the front reception area.
- We schedule appointments at specific intervals to minimize the number of people in the office.
- We ask all patients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
- No-touch payment is available.
- Tissues and trash bins are easily accessed. Trash is disposed of on a daily basis.
- Common areas are thoroughly disinfected at the end of each day and when otherwise needed.

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

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

If you or I test positive for COVID-19, we will notify the other as soon as possible so that appropriate precautions can be taken.

**Your Confidentiality in the Case of Infection**

If you have tested positive for COVID-19, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your visits. By signing this form, you are agreeing that I may do so without an additional signed release.

**Informed Consent**

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

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

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Acupuncturist

\_\_\_\_\_  
Date