



REVISED 2/21/2020

WAIVER FOR IN-PERSON TREATMENT DURING THE CORONAVIRUS PANDEMIC

I, _____ (print name), understand the risks of meeting in-person with my provider during the current public health crisis caused by the spread of coronavirus, the virus that causes COVID-19.

• Though my provider has safety procedures in place, I understand that my provider cannot mitigate all risk of infection and that attending an in-person appointment exposes me to risk of becoming infected with coronavirus whether through exposure to spaces or persons in my provider's building or my provider him/herself.

• I understand that I may request telehealth appointments if I become concerned about contracting coronavirus while attending in-person appointments.

• I understand that my provider may decide to suspend in-person appointments in response to the latest public health data.

• If at any time my provider decides to suspend in-person appointments, I understand that I may continue to receive care from my provider through telehealth appointments.

• I agree to undertake any precautionary measure within my control to reduce my risk of infection with coronavirus including but not limited to wearing a mask, washing my hands frequently, and maintaining safe physical distance from others.

I will not attend an in-person appointment with my provider if:

- I have had a fever within the past two weeks.
- I have travelled to a location that has a rapidly increasing rate of coronavirus infection within the past two weeks.
- I have or have had symptoms of an upper respiratory infection including but not limited to cough, shortness of breath, or fever within the past two weeks.
- I have a medical condition that increases my risk of infection.

Signature of Patient (or guardian) Relationship to Patient Date

Signature of Patient (or guardian) Relationship to Patient Date

Signature of Provider Date