



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

Please read this document carefully and let us know if you have any questions.

Easterseals Capital Region and Eastern Connecticut (hereinafter Easterseals) has agreed to provide in-person service for some or all future sessions. Easterseals has taken steps as recommended by the U.S. Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), and the State of Connecticut to reduce the risk of spreading coronavirus within the office. This includes following social distancing guidelines and regularly disinfecting common surfaces and individual offices. However, you understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

You understand that, if we believe it is necessary, we may postpone services if immediate health concerns arise. We can discuss the option of telehealth services if it is feasible and clinically appropriate. Payment and reimbursement for telehealth services, however, is determined by the insurance companies and applicable law.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you understand and agree to each of the safety precautions below. If you do not adhere to these safeguards, it may result in services being cancelled, postponed, and/or being conducted via a telehealth arrangement (whichever is most clinically appropriate).

- Our office will communicate with you before your appointment to ask you some screening questions regarding possible exposure to the coronavirus.
- You will only keep your in-person appointment if you are symptom-free (i.e., you do not have any illness symptoms, such as fever, cough, sore throat, difficulty breathing, diarrhea, etc.).
 - Your temperature will be taken when you arrive for your appointment.
 - If you show up for an appointment and exhibit any illness symptoms or fever (99.5° Fahrenheit or higher), your in-person appointment will be cancelled and rescheduled for a later date. You will not be charged a cancellation fee.
- We ask that you limit the number of people that come with you to your appointment to up to one (1) caregiver/support person if needed.
- You (and anyone else with you) must wear a face mask that covers your nose and mouth at all times when in the building. (*Note, testing appointments may last 3-4+ hours, including breaks*).
- You will adhere to safe distancing precautions.
- If you are bringing your child, you will make sure that your child follows all of these

100 Deerfield Road, Windsor, CT 06095 • 860.270.0600
22 Prestige Park Circle, East Hartford, CT 06108 • 860.728.1061
24 Stott Avenue, Norwich, CT 06360 • 860.859.4148
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sanitation and distancing protocols.

- If you test positive for the coronavirus within 14 days after your appointment, please notify us as soon as possible so that we can take appropriate actions, such as required for contact tracing. We may be required to notify local health authorities that you have been in the office. If we are required to report this to local health authorities, we will only provide the minimum information necessary. *By signing this form, you are agreeing that Easterseals may do so without an additional signed release.*

Informed Consent

This agreement supplements the general informed consent/business agreement that were agreed to at the start of your services at Easterseals. *When you sign this document, it will be an official agreement between you and Easterseals.*

By my signature below, after fully and carefully considering all the potential risks involved, I affirm and agree to the following terms and conditions:

1. All information I have provided regarding my symptoms and COVID-19 risks are complete and accurate.
2. I understand that exposure to COVID-19 involves a certain degree of risk that could result in illness, permanent disability, or death.
3. I acknowledge that Easterseals is following guidelines rules set in place by both state and federal agencies.
4. I am fully compliant with all state and federal guidelines regarding COVID-19 preventive precautions.
5. On behalf of myself, my heirs, and any personal representatives or agents, I release, waive, and agree to hold-harmless Easterseals, its employees, directors, staff, representatives, and clients from and against, any and all cause of action, claims, demands, damages, costs, expenses, and compensation for damages or loss to myself and/or property that may be caused by any act or failure to act by Easterseals, or that may otherwise arise in any way in connection with any services received from Easterseals.
6. I release Easterseals from any and all liability.

Patient/Client PRINT Name

Patient/Client Signature

Date

Legal Guardian PRINT Name
(if applicable)

Legal Guardian Signature

Date

Witness PRINT Name

Witness Signature

Date