



Provider Risk Mitigation Consent/Questionnaire

Consistent with the most current CDC recommendations and HIPAA regulations, we require that staff, patients, and any person(s) who reside with the staff and patient, abide by the safety protocols outlined below.

Yes	No	Risk Mitigation Steps
		I agree to take my temperature daily and/or prior to each session.
		I agree to restrict session location to areas that to my understanding have been sanitized.
		I have read, reviewed, understand, and agree to follow the supplemental Cleaning and Sanitization Guidelines document, consistent with current CDC cleaning recommendations.
		I agree to utilize caregiver provided cleaning supplies before, during and at the end of my session. Including: antibacterial soap, surface solution containing 70% alcohol to wipe hard surfaces, antibacterial wipes and or spray.
		I agree to wear protective gloves during all cleaning activities.
		I agree to follow current CDC recommendations for handwashing. Includes: washing hands for at least 20 seconds, washing my hands and my client's hands at least upon arrival, every hour, and as soon as possible following any touching of mouth, nose, eyes, or sneezing into hand, etc.
		I agree that I will wear a cloth face covering, consistent with the current CDC recommendations, throughout my session (regardless of session location) and attempt to remain 6 feet away from my client and caregivers at all times.
		I agree to remove my shoes upon entering a home if providing services outside of a center/clinic-based setting.
		I agree that if I am working in more than 1 home per day, I will bring a change of clothes (in a closed bag) including (top, bottom, and socks) to change into after my session has ended.
		I agree that I will abide by social distancing recommendations consistent with current CDC recommendations, including staying away from group gatherings, limiting household visitors to only essential people, and only leaving home for essential activities <i>*Includes trips to grocery store, doctor, and for essential work*</i>
		I understand that the supervising BCBA will likely modify treatment targets to mitigate risk of exposure. <u>Examples:</u> targets requiring prolonged close proximity or direct physical contact with others, targets requiring touching of the face: eyes/nose/mouth, utilization of physical prompting, receptive language targets such as "high 5s", and parallel play, etc.
		I understand that my supervising BCBA will be working with me to identify alternate reinforcers and activities for my client that limit the risk of exposure.
		I understand that I may reserve the right to terminate a session immediately if I suspect my client or anyone else in the household or myself is sick, begins displaying symptoms of illness, or if risk mitigation strategies are not being adhered to before, during, or after my session.

Name: _____

Signature: _____

Date: _____