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

This document contains important information about your decision to resume in-person services

in light of the COVID-19 public health crisis. It is an agreement between you and

**Mid-Atlantic Internal Medicine, LLC, its physicians, technicians and staff**.

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

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). You acknowledge that in-office testing requires contact between the provider and patient, and you acknowledge that you understand the nature of your test and the precautions that will be taken, as well as the risks, which you assume.

**Your Responsibility to Minimize Your Exposure**

You agree to take precautions to help keep everyone safer from exposure, sickness and possible death.

* You will only keep your in-person appointment if you are symptom free.
* You agree to a contact-free temperature check before entering the office at your designated appointment time. If your temperature is elevated or if you have other symptoms of the coronavirus, you agree to reschedule the appointment.
* You will wait in your car or outside until your appointment time.
* You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
* You will wear a face mask in all areas of the office.
* You will keep a distance of six feet when possible and refrain from physical contact with any staff other than the contact required to perform your test.
* If you have a job that exposes you to other people who are infected, or a resident of your home tests positive, you will immediately let us know.

**Our Commitment to Minimize Exposure**

Our practice has taken steps to reduce the risk of spreading the coronavirus within the office. These include the use of Personal Protective Equipment, social distancing, screening for symptoms, and enhanced infection control measures. Please let us know if you have questions about these efforts.

*If any of our staff, technicians or doctors test positive for the coronavirus, we will notify you so that you may contact your primary care doctor for advice and treatment, if needed.*

**Your Confidentiality in the Case of Infection**

If you have tested positive for the coronavirus, we 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 the reason(s) for your visit to our office. By signing this form, you agree that we may do so without an additional signed release.

**Informed Consent**

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

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Print Name Signature Date