**Osteopathy Chicago**

114 W. Rockland Rd. Suite 202

Libertyville, IL 60048

(312)782-9153

**COVID-19 Safety Protocol**

**Face masks that cover the nose and mouth are required at all times for all patients, visitors, and staff regardless of vaccination status.**

* Masks should completely cover the nose **and** mouth and fit snugly against the sides of the face without gaps. Masks should **not**be worn by:
  + Child under 2 years of age
  + A person with a disability who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability. **Mask exceptions must be cleared by Dr. Shepherd** before scheduling an in-office appointment and entering the office.

**Upcoming Appointment and COVID-19 Safety Procedures**

Please take a few minutes to review the COVID-19 Safety Procedures that we have implemented. **COVID-19 Consent for Treatment Form must be signed before every appointment and brought with you to your in-office appointment.**

Due to COVID-19 safety protocols of managing appointment times to allow for safe social distancing, **we ask that you arrive for your scheduled appointment time 10 minutes early. If you arrive more than 10 minutes later than your scheduled appointment time you will need to reschedule your appointment. You must text or call Angela at** [**312.631.8914**](tel:3126318914) **and receive permission from Angela to enter the office.**

**Please bring in the completed and signed COVID-19 consent and screening form and the signed COVID-19 Safety Protocol Form for every appointment and hand them to Angela. The COVID-19 consent and screening forms and the COVID-19 Safety Protocol Forms are available under the forms tab on our website at:**[https://osteopathychicago.com](https://osteopathychicago.com/).

**IN-OFFICE VISITS AVAILABLE**: In accordance with recent recommendations from the CDC and the Illinois Department of Health, we are pleased to offer availability to our patients for in-person visits, while continuing to offer Virtual Visits to better meet your healthcare needs.

**VIRTUAL VISITS AVAILABLE**: If appropriate, Dr. Shepherd will schedule you for a telehealth Virtual Visit to engage with us in a one-to-one setting from the comfort and safety of your home.

**COVID-19 SAFETY PROCEDURES**

• In compliance with the recommendations for public health, anyone with a cough, fever (greater than 100.4 °F), or any COVID-19 symptoms listed on our COVID consent and screening form will not be allowed in the building and should contact Dr. Shepherd for a telemedicine visit. We will be happy to reschedule your in-office appointment for a later date.

•In addition, we will not see any patients in office who have been in contact with any confirmed COVID-19 positive patients or other sources who have been ill, tested positive or pending results for COVID-19 within the last 14 days.

•We require a 14 day quarantine period for any patient who traveled domestically or outside the United States by bus, train, or airplane. Dr. Shepherd must be notified of any travel and verify you are free of symptoms to clear you for admittance into the office. He may require a negative COVID test for safety before you are cleared to enter the office.

• Please arrive 10 minutes before your appointment time and text Angela at (312)631-8914 and let us know that you have arrived so we can allow for safe social distancing between patients. We will text you back and let you know when we are ready for you and which treatment room to proceed to. If you cannot text, please call Angela at the office at (312)782-9153, only if you are unable to text.

**Dr. Shepherd may request a COVID test for safety. Any patient who refuses a COVID test that Dr. Shepherd requests will be terminated immediately.**

**When you arrive at the office for your appointment:**

• Before your appointment, you will be asked to stay in your car instead of the waiting room. Simply text Angela when you arrive at (312)631-8914, and we will text you back and let you know when we are ready for you to enter the building and which treatment room to proceed to. When you enter the building, take the elevator to the second floor and our office will be to your left across from the Spa. You will be escorted to your room and your temperature will be taken before your visit begins.

• Our waiting room and reception area will be closed for seating or standing. We ask that the patient proceed directly to their assigned treatment room and we ask that only the patient enter the office for the appointment except if the patient is a minor or a patient needs assistance.

• No visitors may accompany patients to in-office visits except in the case of the patient being a minor or a patient who needs assistance. If the patient needs assistance, **it must be cleared with Dr. Shepherd before the appointment** and the assisting visitor must follow the COVID protocol and fill out the COVID screening form.

• We ask that each patient and assisting visitor wear a mask of their own during the entire visit and we have hand sanitizer spaced throughout the office as needed.

• We are requesting you sanitize your hands when entering and leaving the office.

• COVID-19 symptom screening and temperature check of all patients will be conducted prior to their appointment.

• COVID-19 Consent for Treatment Form must be signed by every patient before every appointment. We have forms available for download on our website at: [https://osteopathychicago.com](https://osteopathychicago.com/).

• Please continue to use safe social distancing with non-essential staff and other patients.

• We will no longer be able to supply pens or water. Please bring your own pen in case you need to fill out forms and water in case you get thirsty.

We have implemented many things to keep patients safe including updated PPE, and we will continue to thoroughly clean the treatment rooms before and after each patient. In addition, to help keep everyone protected, appointments will be managed to allow social distancing between patients.

Please read the entire form before you sign.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Printed Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date\_\_\_\_\_\_ Temperature** \_\_\_\_

**Electronic Signatures**

Typing your name exactly as it appears on your birth certificate signifies you are completing this form using an electronic signature. By signing electronically you are certifying that you have read and understand the form and agree to electronically sign.