

# Nlaka'pamux Health Services Society

2088 Quilchena Ave P.O Box 1624 Merritt BC, V1K 1B8

Telephone: (250) 378 9772

Fax: (250) 315 0283

Email: [Mhreception@nlxfn.com](mailto:Mhreception@nlxfn.com)



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

This document contains important information about our decision (yours and mine) to resume in-person services considering the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

### Decision to Meet Face-to-Face

We have agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, I may require that we meet via alternative methods (zoom, phone, etc.). If you have concerns about meeting through alternative methods, we will talk about it first and try to address any issues. You understand that, if I believe it is necessary, I may determine that we return to alternative methods for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, alternative service delivery, I will respect that decision, if it is feasible and appropriate.

### Risks of Opting for In-Person Services

You understand that by coming to the office or meeting in person, 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.

### Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, [other staff] and other clients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to alternative service delivery arrangement. Initial each to indicate that you understand and agree to these actions:

- **You agree** to only keep your in-person appointment if you and your direct social contacts are symptom free. \_\_\_\_
- **You agree** to I take your temperature before coming to each appointment. Or your temperature will be taken for you prior to entering the office. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using alternative delivery methods. \_\_\_\_
- **You agree** to wait in your car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time. \_\_\_\_
- **You agree** to wash your hands or use alcohol-based hand sanitizer when you enter the building. \_\_\_\_

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- **You agree** to adhere to the safe distancing precautions we have set up in the waiting room and therapy room. For example, you **will not** move chairs or sit where we have signs asking you not to sit. \_\_\_\_
- **You agree** to wear a mask in all areas of the office if requested \_\_\_\_
- **You agree** to keep **6 feet apart** and there will be no physical contact (e.g. no shaking hands) with me [or staff]. \_\_\_\_
- **You agree** to try not to touch your face or eyes with your hands. If you do, you agree to immediately wash or sanitize your hands. \_\_\_\_
- If you are bringing your child, you agree to make sure that your child follows **all** these sanitation and distancing protocols. \_\_\_\_
- **You agree** to take steps between appointments to minimize your exposure to COVID. \_\_\_\_
- If you have a job that exposes you to other people who are infected, **you agree** to immediately let me [and my staff] know. \_\_\_\_
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), **you agree** to let me [and my staff] know. \_\_\_\_
- If a resident of your home tests positive for the infection, **you agree** to immediately let me [and my staff] know and we will then [begin] resume treatment via alternative service delivery. \_\_\_\_

I may change the above precautions if additional local, provincial, or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

## **Nlaka'pamux Health Services Commitment to Minimize Exposure**

Nlaka'pamux Health Services Society has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

### **If You or I Are Sick**

You understand that I am committed to keeping you, me, [other staff] and **all** our families safe from the spread of this virus. If you show up for an appointment and I [or other office staff] believe that you have a fever or other symptoms, or believe you have been exposed, I will have to ask you to leave the office immediately. We can follow up with services by alternative service delivery as appropriate.

If I, [or other staff] believe that I may be sick, have a fever, have other symptoms, or believe I have been exposed, I will cancel any/all in person appointments with you and immediately self-quarantine in order to monitor any symptoms. If possible, I will follow up with you through an alternative service delivery method.

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If I [or other staff] test positive for the coronavirus, I will notify you **immediately** so you can take appropriate precautions.

## Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I must report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

## Informed Consent

This agreement supplements the general informed **consent** that we agreed to at the start of our work together.

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

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
NHSS staff

\_\_\_\_\_  
Date