

Princeton Family Care Associates, LLC

Ricardo J. Fernandez, MD

Not just better... Well

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

This form contains important information about our decision to conduct in-person services during the COVID-19 Pandemic and to set expectations surrounding some changes to facilitate health safety for treatment at Princeton Family Care Associates, LLC (PFCA). Please read this carefully and share any questions you have before signing, as it will be an official agreement between you and PFCA.

Decision to Meet In Person

We have agreed to meet in person for some or all future appointments. Please understand that if there are any future state emergency limits, shelter in place orders or illness impacting our ability to meet, we will develop a reasonable plan to reschedule or meet using telemedicine. If you decide at any time to return to telemedicine services, you should confirm with your insurance company that the telehealth sessions will be reimbursed.

Risks of Opting for In-Person Services

Please understand that by coming into the office you are assuming the risk of exposure to the coronavirus (or any other public health risk); and you agree to waive all rights and claims against Princeton Family Care Associates, LLC, Ricardo J. Fernandez, MD, Uche O'Keem, APN, Raquel Rahim, APN, Adria Trapani-Barnacz, RN, LCP and all administrative and reception staff both jointly and severally for damages arising therefrom.

Practice Steps to Reduce Exposure

Our practice has taken steps to reduce the risk of spreading the coronavirus within the office. We have implemented guidelines outlined by the CDC and NJ Health Department to improve safety from virus contagion.

If a patient or a staff member contracts COVID-19 we will move to remote operations for a period of two weeks or until all exposed individuals have been cleared. Staff will contact any patients that may have come into contact with someone who has COVID-19; identifying information will not be shared however if necessary, we may have to provide information in accordance with contact tracing guidelines.

Although the steps this practice has implemented will improve safety, it is not possible to guarantee any desired outcome. Please let us know if you have questions about these efforts.

New Waiting Room Rules

To enhance safety and minimize contact between patients, only one patient will have access to the waiting room at any time. Patients will text or call the office 10 minutes prior to their scheduled appointment time, from the parking lot. Upon entering the waiting room, your temperature will be taken. To help protect against virus transmission, we will require the use of the hand sanitizer, which is provided and ask that you maintain a distance of 6 feet from other individuals. If non-febrile, you will be directed to enter your clinician's treatment room. **You must wear a mask at all times.** We will work to provide a touchless experience while you are in our office space.

Use of Public Restrooms

We ask that you plan ahead and use the restroom facilities at home before your appointment. If it is necessary to use the restroom, for your protection and others, you must wear a mask/face covering inside the public restroom in our building.

Commitment to Minimize Your Exposure

To obtain in person services, you agree to take reasonable safety precautions (stay home when sick, wear mask when outside your personal space, and maintain 6 ft social distance when around others) to reduce exposure from any contagious illness.

Please check each to indicate that you understand and agree to these actions:

_____ I agree to only come in-person to an appointment when I am symptom free and have been symptom free for a period of 14 days. Symptoms include recent onset of one or more of the following: body aches, loss of smell or taste, headache, diarrhea, vomiting, coughing, shortness of breath, difficulty breathing, fever, chills, sore throat or any newly associated symptom with any contagious virus.

_____ I agree to cancel my appointment ahead of time, if I know I have a fever or any symptoms (noted above). I understand I will have my temperature taken before each appointment and if elevated (100 Fahrenheit or more) and/or appear to be physically ill my appointment will be rescheduled.

_____ If I have been exposed to, either a shared workspace or living arrangement with a person infected by COVID-19, I will immediately disclose the information in advance of my appointment in order to make alternate arrangements.

_____ I agree to notify PFCA if I have traveled in the last 14 days out of the country or to a state on New Jersey’s self-quarantine list.

Informed Consent

This agreement supplements our initial Patient Agreement. You acknowledge that there is an inherent risk of COVID-19 in any space where people are present. Social distancing is recommended, and patients have the option of continuing with telemedicine as an alternative to in-person appointments. By attending your appointment in person, you are assuming all risks related to exposure to COVID-19. You further acknowledge that PFCA cannot guarantee that you will not become infected with COVID-19. You agree to comply with all procedures above to reduce the spread while at the PFCA.

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

Patient Name Date

Witness Name Date