

Reopening Guidelines

What to expect:

There will only be two practitioners in the office at any one time to allow for social distancing.

There now is only one chair in reception so we will try to stagger our appointment times to, again, optimize social distancing. If someone arrives early one of the two front offices will be used for overflow. The back two rooms are now the only treatment rooms.

The elevators will allow only two riders at a time so please give yourself enough time to factor that in as well. Our elevators were always slow so expect them to be even slower.

The bathrooms are cleaned by building staff and so we cannot guarantee anything regarding how often or well they are being maintained. I would suggest practicing safe protocol when utilizing the bathrooms. Wash your hands before and after you are done. Do not touch your face before coming into the office and once there, sanitize or wash your hands again.

Pre -Screening:

I will contact you 24-48 hours before your appointment. Initially it will be a text or email asking if you would like to proceed with the prescreening via text, email or telephone. The screening is a series of questions to make sure you don't have any symptoms that could be attributed to Covid 19. If there are sufficient symptoms, the acupuncture appointment will be cancelled and I will ask you to please see your doctor or go to one of the many clinics that are doing testing and rule out Covid. The questions I will ask are as follows: in the last 14 days have you experienced any of the following, cough, shortness of breath or difficulty breathing, fever, repeated shaking with chills, headache, loss of taste or smell, muscle pain, sore throat? Have you had close contact with someone diagnosed with Covid 19? Please note that some of these symptoms may point to a cold or flu and not Covid.

I am including the Covid waiver form at the end of this email, that some malpractice insurance companies are requiring their clients to have each patient sign but mine is not so you do not have to sign it but please read it for your own information.

On the day of your appointment:

Please be sure to wear a mask. I will greet you at the door and take your temperature with a non-touch forehead thermometer. If you do not have a fever I will then ask you to either use hand sanitizer or wash your hands at the sink if you prefer. I will be keeping a log of all the patients and the temperature registered.

The session itself

These will look very much the same as you're all used to with me. I will be wearing a mask at all times. I will also be wearing clothes that I have changed into in the office to be used for that day. If you would also like to wear a mask while face up on the table that's fine but not required. Obviously face down you will need to remove your mask. I will have a paper bag ready for you to put your mask into and then recover when you leave.

If you have to go to the bathroom during your session you'll need your mask and you'll need to resanitize your hands when you return.

If you need water I will get it for you.

Payment

There is a push to make this completely electronic but I don't really care. I will ask that if you are writing me a check, that you have it filled out before coming to the office. If I'm giving you herbs as part of your appointment I will give you the amount at your pre-screening for you to include in your check. All transactions must happen in the treatment room and not in the reception area.

Follow up appointments

If possible, these should be done via text, email or phone.

Post Treatment

You should know that we are allowing time in between sessions for each practitioner to clean and disinfect the treatment tables, the headrests, the

instrument trays, tabletops, chairs, stools, door handles, sink and faucet, light switches and the floor beneath the headrest.

We are still using sheets which will be changed in between each patient. We also have table paper that can be placed over the sheet if that would make you more comfortable. I will ask each of you your preference, but you should all know that regardless of the use of table paper, the sheets will be changed.

There will be a checklist initialed by the practitioner documenting these efforts and these checklists will also be filed in the office. We will also have end-of-day and weekly cleaning logs. There will be a full copy of the general Business Safety Plan available at the office if you would like to read it.

Please let me know if any of this is overwhelming or even scary. I do not want you to come away from reading this email feeling vulnerable. On the contrary, I hope you come away with the sense that we are doing everything possible to make you comfortable and protected.

Covid Consent Form

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand that I am the decision maker for my health care. Part of this office's role is to provide me with information to assist me in making informed choices. This process is often referred to as "informed consent" and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult.

To proceed with receiving care, I confirm and understand the following (Initial in all seven places provided)

- • I understand my treatment may create circumstances, such as the discharge of respiratory droplets or person-to-person contact, in which COVID-19 can be transmitted.
- • I understand that I am opting for an elective treatment that may not be urgent or medically necessary. I understand there are alternatives to receiving this care, which could include receiving care from another type of provider, or postponing care altogether at this time. However, while I understand the potential risks associated with receiving treatment during the COVID-19 pandemic, I agree to proceed with my desired treatment at this time.
- • I understand due to the frequency of appointments with patients, the attributes of the virus, and the characteristics of procedures, I may have an elevated risk of contracting COVID-19 simply by being in a health care office.
- • I confirm I am not experiencing any of the following symptoms of COVID-19 that are listed below: *Fever *Dry Cough *Sore Throat *Shortness of Breath *Runny Nose *Loss of Taste or Smell
- • I understand travel increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have NOT in the past 14 days I have not traveled: 1) Outside of the United States to countries that have been

affected by COVID-19; or 2) Domestically within the United States by commercial airline, bus, or train.

- I am informed that you and your staff have implemented preventative measures intended to reduce the spread of COVID-19. However, given the nature of the virus, I understand there may be an inherent risk of becoming infected with COVID-19 by proceeding with this treatment. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment and give my express permission to you and the staff at your offices to proceed with providing care.
- I have been offered a copy of this consent form.
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Initial Below

I KNOWINGLY AND WILLINGLY CONSENT TO THE TREATMENT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE DURING THE COVID-19 PANDEMIC. I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION.

I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO TREAT. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION TO RECEIVE CARE AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM ALL PROVIDERS IN THIS OFFICE FOR MY PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S) FOR WHICH I SEEK CARE FROM THIS OFFICE.

Parent /

Patient Guardian Witness

Signature: