

MELMED CENTER
INFORMED CONSENT, RELEASE OF LIABILITY AND WAIVER DURING COVID-19

1. I _____, understand that I am opting for in-person evaluation and treatment for me or my child at Melmed Center. I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact and accordingly, federal and state health agencies recommend social distancing.
2. I recognize that Melmed Center is closely monitoring this situation and has implemented reasonable preventive measures targeted to reduce the spread of COVID-19. Given the nature of the virus, however, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with therapy, in-person, for me or for my child at the Melmed Center.
3. Although we strongly recommend that all employees and patients be vaccinated, we recognize that some individuals have elected not to be vaccinated because of medical or religious considerations.
4. I have been given the option of using teletherapy for services or deferring services at this time. However, I understand all the health potential risks and have chosen to proceed with center-based services.
5. Accordingly, I acknowledge and assume the risk of becoming infected with COVID-19 through this elective therapy session, and I give my express permission for the providers and staff at Melmed Center to proceed with therapy.
6. I understand that possible exposure to COVID-19 before/during/after my child's therapy session may result in any of the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical treatment, intensive-care treatment, or other potential complications that may lead to loss of life. I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time.
7. I acknowledge that I am responsible for adhering to Melmed Center's visitation policies and procedures, including practicing social distancing, performing frequent hand hygiene, limiting surfaces that I touch, refraining from touching others during the visit, wearing recommended personal protective equipment ("PPE") such as a facemask or disposable gloves.
8. I am not experiencing, nor is any person in my household experiencing respiratory illness symptoms, including but not limited to: fever, cough, sore throat, or shortness of breath. I will notify the Melmed Center immediately should I, or anyone in my household experience respiratory illness symptoms within 14 days after my visit to Melmed Center.
9. I understand all the health potential risks and have chosen to proceed with in-office services. I acknowledge that I have been offered a copy of this consent form.
10. If I test positive 3 – 5 days after an in-office appointment I will notify the front office.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND FULLY UNDERSTAND THAT BY SIGNING IT I AM GIVING UP CERTAIN LEGAL RIGHTS AND CLAIMS THAT MAY ARISE IN THE FUTURE AND DO SO VOLUNTARILY. I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE TREATMENT FOR ME AND FOR CHILD.

Signature of Patient (or Parent or Guardian)

Date

Patient's Name (Printed)