9000 Coombs Farm Dr., Ste. 202, Morgantown, WV 26508, (304) 554-0504

COVID-19 RISK INFORMED CONSENT

I understand that I am opting to appear in-person for a clinic visit.

I also understand that the novel coronavirus (SARS-CoV2) causes COVID-19, a disease that has been declared a worldwide pandemic by the World Health Organization (WHO). I further understand that COVID-19 is contagious and is spread by person-to-person contact. I understand that current indications show that the virus is spread by direct contact with droplets from an infected person (which may persist in the air for hours after release) or by touching an infected surface, then touching your face. As a result, federal and state health agencies recommend physical distancing as one measure to reduce transmission. I recognize that NGWV PLLC psychologists and staff are closely monitoring this situation and have put in place reasonable preventive measures aimed to reduce the spread of COVID-19 that follow state, federal and professional guidelines. However, given the nature of the virus, I understand that there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this clinic visit.

Your Responsibility to Minimize Your Exposure
To obtain services in person, you agree to take certain precautions which will help keep everyone (you, your family, NGWV PLLC staff and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in cancelling or rescheduling the visit to a later date. Initial each item below to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free. ___
- You will complete a health screening questionnaire before your appointment and at the time of your appointment. We will take your temperature when you arrive for your appointment. If you have a fever (100 degrees Fahrenheit or more) or other symptoms, or we believe you have been exposed, you will be required to leave the office immediately and reschedule your appointment for a later date. ___
- You will call the office when you arrive for the appointment and wait in your car until instructed to enter the clinic. ___
- You will wash your hands or use alcohol-based hand sanitizer when you enter the clinic. ___
- You will adhere to the safe distancing precautions we have set up in the waiting room and testing room. ___
- You will wear a mask in all areas of the office. ___
- You will keep a distance of 6 feet, and there will be no physical contact (e.g. no shaking hands) with staff. ___
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. ___
- If you are bringing a child, you will make sure that your child follows all of these sanitation and distancing protocols. ___

Our Commitment to Minimize Exposure
NGWV PLLC has taken steps to reduce the risk of spreading COVID-19 within the office, and we have posted our efforts on our website and in the office. Please let us know if you have questions about these efforts.

Your Confidentiality in the Case of Infection
If you have tested positive for COVID-19, NGWV PLLC may be required to notify local health authorities that you have been in the office. If we have to report this, we will only provide the minimum information necessary for their

data collection and will not go into any details about the reason(s) for your visit. By signing this form, you are agreeing that we may do so without an additional signed release.

Informed Consent
I was given enough time to read this information and to decide whether I should or should not appear for my clinic visit, as well as to ask any questions in connection with the information contained in the Informed Consent.

I hereby acknowledge and assume the risk of potentially becoming infected with COVID-19 through this clinic visit.

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

_____ _____
Patient Name (Please Print) Date of Birth

_____ _____
Patient/Guardian Signature Date

_____
Relationship to Patient

_____
Witness Signature