



MAY 6, 2020

RE: COVID-19 Protocol

I am committed to all my clients during the current health crisis.

I am doing everything I can to service my clients during the COVID-19 pandemic. In order to do so, I have taken precautionary measures to ensure the health and well-being of everyone that may be in contact with myself and in my office.

Please review the points below

i. If you are attending my office in-person, you must complete the attached COVID-19 screening questionnaire, prior to entry to my office.

ii. I encourage everyone who attends my office to exercise good hygiene and hand-washing;

iii. While attending at my office in-person, I ask that you bring your own pen/writing utensil, tea/coffee/water and kleenex; and follow Alberta Health Service's recommendations as it relates to social distancing practices.

Office Safety Precautions in Effect During the Pandemic

I am taking the following precautions to protect you and help slow the spread of the coronavirus.

- Office seating in the waiting room and in my office have been arranged for appropriate physical distancing.
- I maintain safe distancing.
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
- Hand sanitizer that contains at least 70% alcohol is available in my office and at the reception counter.
- I schedule appointments at specific intervals to ensure you are the only one in the waiting room.
- Credit card pads, pens and other areas that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected at the end of each day.

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 telehealth.

You understand that, if I believe it is necessary, I may determine that we return to telehealth for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate.

Risks of Opting for In-Person Services

You understand that by coming to the office, 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.

If You or I Are Sick

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

If I [or my staff] test positive for the coronavirus, I will notify you so that 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 have to 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.

If you have any questions or concerns regarding the aforementioned, please do not hesitate to contact me directly.

Thank you for your patience and assistance in this matter.

Sincerely,

Pat

Signature

Date

Pat Ferris

COVID-19 SCREENING QUESTIONNAIRE

FILL OUT THIS MANDATORY QUESTIONNAIRE TO DETERMINE IF YOU SHOULD BE ENTERING MY OFFICE ON THE DAY OF YOUR APPOINTMENT

CIRCLE ONE OF “YES” OR “NO” TO EACH QUESTION AND BULLET BELOW WHERE INDICATED

1. Do you have/ or have you had any of the following symptoms in the last 10 days?:

•Fever (greater than 38 degrees) YES NO

•Cough YES NO

•Shortness of breath/breathing difficulties YES NO

•Other symptoms such as muscle aches, fatigue, headache, sore throat, runny nose, diarrhea

*Note symptoms in children may be non-specific – e.g. lethargy, poor feeding

YES NO

2. Have you travelled outside of Canada in the last 14 days? YES NO

3. In the last 14 days, have you had close contact (face-to-face contact within 2 metres/6 feet) with someone who is ill with any of the symptoms outlined above?

YES NO

4. Have you been in contact with anyone who has recently travelled outside of Canada in the last 14 days?

YES NO

5. In the last 14 days, have you been in contact with someone that is being investigated or confirmed to be a case of COVID-19?

YES NO

6. Have you had laboratory exposure while working with specimens known to contain COVID-19?

YES NO

IF YOU HAVE ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS, you will be asked not to see me in my office at this time. However, I would be pleased to continue providing service to you via any of the following methods:

- Zoom Video Conferencing;

- Regular telephone calls; and/or
- E-mail .

If you have answered “No” to all the above questions, please print your name, sign and enter the date below and email the completed questionnaire to me at ferrispa@telus.net

If you do enter my office, please make sure you practice hand hygiene (i.e. wash your hands for 30 seconds and/or use hand sanitizer) before and after our meeting. There is a hand sanitizer at the front doors on the right after entering. I have wipes, hand sanitizers in my office and will sanitize chairs, tables and door knobs after each appointment.

My goal is to minimize the risk of infection to you, myself, and others who attend my office, and I thank you for your understanding, support and cooperation.

Name (Please print): _____

Signature:

Date: