

Olympia Family Acupuncture---Covid-19 Safety Strategies and Protocols

Dear Clients,

I am happy to say that Olympia Family Acupuncture will finally resume seeing clients for in-clinic treatments beginning June 15th. With attention to your safety, we have implemented certain strategies and protocols to specifically reduce the spread of viral particles in our clinic. Your cooperation and to our new routines of care is essential to keeping each and every one of you safe, relaxed and supported and to also keeping our clinic/clinicians both safe and uncompromised, while providing you quality acupuncture during these “interesting times”.

As such, we are asking everyone who would like to enter the clinic to read this notice prior to receiving care and agree to function within these parameters. Please bring a signed copy of this, along with your Informed Consent Form to your first appointment.

When to Come In; When to Stay Home

- **Stay Home if you are coughing or sneezing for any reason, if you have a fever of 100.4 degrees or more, if you have sudden flu-like symptoms, if you have been in contact with someone who has tested positive for Covid-19, or if you are infected yourself.** If you are interested in getting herbs during this time, let us know. It may be possible to arrange for pick-up or delivery away from the clinic.
- **High Risk Groups:** If you are **in your mid-sixties or above**, or have co-morbidities such as: **high blood pressure, autoimmune disease, heart or lung disease, diabetes, or are obese**, you are in a high risk group and **it is recommended to stay home.** (If you do really need a treatment for any reason but are higher risk, please let me know so that we can consider and strategize around your care).
- **If you are not carefully physically distancing in general, please wait-out this high risk time.**

OFA Safety Basics:

- We are using tele-health as the first choice for care whenever possible. Consults for those seeking herbs, case management, fertility overview or immune system support, should initiate tele-health sessions before scheduling acupuncture sessions.
- Each office visit will also begin by a tele-health intake to reduce contact time inside the office.
- We will be going the extra mile sanitizing and airing the rooms between sessions, isolating linens and keeping things ship shape.
- PPE will be used at all times by everyone in the office. (in the event that PPE is inadequately available, we may shut down again until we can acquire it again)
- We have closed the waiting area. Guardians can attend dependents in the treatment rooms.
- We will be staggering clients, receiving and dispatching only one patient at a time in order to maintain physical distancing and to minimize the potential for overlap between clients.

OFA Scheduling:

Please only set up one appointment initially, we can discuss an appropriate pace to return to care.

Only a finite number of appointment slots will be available. Our small clinic, which usually supports 5 separate practices, has had to divide up hours of clinic occupancy to allow for consistent distancing and enhanced cleaning practices. which sadly limits the availability we have to serve you. As always, we will prioritize medical necessity and time sensitive pregnancy and fertility conditions so please keep us informed of your status. **Simply email to request to schedule more frequent visits if you are interested,** and I will do my best to get your needs met.

Preparing for your Treatment: (please initial next to the checkmark)

- ✓ **Please Finish Reading, Sign and Return This Agreement and your Covid19 Informed Consent** before your first returning session. (both found in this email, our website and on scheduling reminders)
- ✓ **EACH RETURN APPOINTMENT Please Submit your Pre-Treatment Form.** Submitting this just as you arrive for your appointment is probably the best strategy. This form serves as a simple intake to help me know what to focus on as well as a general Covid screen. If we do have any concerns about you coming in we can adjust the appt to a tele-health session.
- ✓ **Please be prepared to do your virtual intake in your car before coming in for the treatment.** If you need other arrangements please let me know ahead of time and we will consider the best approach. Each appointment will begin when I receive your pre-treatment form, and see you in the virtual waiting room. We will then discuss your current needs via phone/video before you come in. Look for the links to the virtual waiting room either on our website or on your scheduling reminder. It may help for you to submit your pre-treatment form before leaving your house.
- ✓ **Whenever possible, please Come directly from your home or place of business to your appointment** Reduce potential cross-contamination, if at all possible, For example, do not stop to pick up a few things at the grocery or do other errands along the way.
- ✓ **Please come on time and give more than 24 hours notice for rescheduling.** If you are unsure about your health, please cancel at you earliest sense of doubt and reschedule. I will be scheduling space between appointments for room clean-up, sanitizing, and set-up, which further limits appointment availability, so please be considerate about the space and time allotted for your care. Fees do apply.
- ✓ **Please wear clothes that require the least changing.** Ideally clothes you can be treated in are best: loose legged pants or skirt that also loosens at the middle, a loose button-down, short sleeve shirt or tanktop and slip on shoes. We have a bin for you to put your belongings in while you are treated.

Inside the Clinic:

- ✓ At a minimum, double layered cloth masks are mandatory at all times in the clinic even during your treatment. No exceptions. A loosely worn single layer scarf is not acceptable. I will be wearing a surgical grade mask.
- ✓ When you arrive, after we discuss your case virtually, I will greet you at the door. Please allow me to come to you, sanitize your hands and take your temperature outside before you come in.
- ✓ Your treatment room will be set up and waiting for you to enter directly as you come in.
- ✓ Our waiting room and public spaces are closed, so if you are or have a guardian they will need to accompany you to the treatment room.
- ✓ If you need to use our bathroom, please let me know to open it for you.
- ✓ Please bring your own water if possible. If do you need water please ask me to bring you some.

- ✓ Please feel free to bring your own hand sanitizers or wipes however we ask that they are not scented or contain strong odors.

Your Treatment:--the easy part!

- Please come in and get comfortable laying face-up (mask on)-- unless we discussed face-down treatment
- You may deposit your belongings in the bin below the chair, but please leave what you can at home.
- You may request that I wear gloves, however, I will be diligently washing my hands and sterilizing the clinic equipment etc. So I will generally choose not to wear them.
- We will be limiting our contact time but it will be quality treatment. The longer we let you rest on your own the deeper relaxation you will experience.
- Cupping and Moxa, Press Tacks, all of the extras..we may need to skip them or choose that they may be the bulk of your treatment –we only have so much contact time each visit.

Herbs

Herbal Consultations will be held via tele-health and may be picked up in our drop box or at your acupuncture session. Please schedule separate appointments for each. There are many fine herbal formulas shown to be effective in enhancing immune function, fighting the spread of bacterial and viral infections and improving immune system function. But taking preventive herbs is not a guarantee that you will not catch Covid-19, nor are the herbs used for treatment a guarantee that you will recover easily if you do become ill. Additionally, herbs are not suitable for everyone given their medications or body constitutions. But if you are interested, please let us know and we will select the best formulas for you based on your individual health circumstances.

Payment:

Please pay your Full Payment or CoPayment on the date of your session — Remote payment is preferred But Cash or Check can be left on the treatment table. Please anticipate this and write checks ahead of time.

Credit Card payment can be made remotely at OlympiaFamilyAcupuncture.com or in the office 4% fee will be assessed for all electronic or CC payments.

Thank you for taking time to read and familiarize yourself with these procedures and policies. If you have questions or concerns, feel free to discuss them with me. Before making a treatment appointment, please sign and date below and prepare to bring a copy with you to your appointment.

I have read, understood and agree to abide by the policies and procedures outline in this document. I further understand that receiving medical treatments in a clinical setting, including acupuncture, increases my risk of contracting Covid-19 or other infectious conditions and agree to hold Olympia Family Acupunctrue harmless in the event that I contract Covid-19 after visiting the clinic.

Name: _____ Date: _____

COVID-19 INFORMED CONSENT TO TREAT

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.

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

- x 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.
- x 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.
- x 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.
- x I understand that I should not come in if I am experiencing any of the following symptoms of COVID-19 including:
Fever Shortness of Breath Dry Cough Runny Nose Sore Throat Loss of Taste or Smell
- x 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.
- x 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.
- x I have been offered a copy of this consent form. 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.

Patient Signature: _____ Name _____ Date _____

Parent / Guardian Signature _____ Name _____ Date _____

Witness Signature _____ Name _____ Date _____