



INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about the decision you and your family/client will have or make to resume in-person services during the COVID-19 pandemic. Please read this document carefully and direct any questions to any of our management team members at 626 531-6497. Your signature indicates that you understand and agree to the points you must follow to receive services in the community.

Services

Services in the community will resume once you and your support team/ID Team has helped you make the decision to do so. If there is a resurgence of the pandemic or if other health concerns arise you or LiNK may request to provide support remotely. The intent and goal will be to provide services in the community as long as it is safe and no new order from CDC, L. A. County Department of Public Health, Regional Center or any other governing agency is placed to Stay at Home.

CLIENT RESPONSIBILITIES:

- To obtain services in person, you agree to take certain precautions designed to minimize COVID-19 exposure for you, any participant, and our staff.
- You must inform us immediately, if you travel outside the country as we might place in person services on hold for at least 10 days
You will only keep your in-person appointment if you are symptom free.
- You will be willing to have your temperature taken before each appointment. If it is elevated (100.4 Fahrenheit or more), or if you have any other COVID 19 related symptoms, you agree to cancel services or proceed using remote services. COVID-19 symptoms include fever, chills, cough, body aches, headache, shortness of breath, sore throat, nausea or vomiting, diarrhea, fatigue, new loss of taste or smell, congestion, or runny nose.
- You will practice proper handwashing before and during services
- You will adhere to Safe Distance Practices (no physical contact with others) to the best of your capability.
- You will wear a face cover to the best of your capability at all times while receiving services.
- You are to minimize touching your face to the best of your capability
- You are to notify us if you have a positive or pending COVID-19 test.
- You are to notify us if you or any members of your family has come in contact with anyone who has tested positive for COVID-19.
- If services are provided at your home, it will be at designated area (inside or outside) where others can keep a safe distance with no distractions.
- You must be willing to receive COVID 19 safety training at least twice per month.
- You are to inform LiNK's Management if you choose to cancel services due to a related COVID 19 concern.

BECAUSE WE CARE

Our staff will

- Our staff will always wear a face cover at all times that services are provided
- Our staff will make sure the client is seated in the back right side seat of the car
- Implement universal precautions by washing hands and using hand sanitizer or gloves as needed
- Our staff will practice safe physical distance to the best of their ability when providing services
- We will train our staff on COVID 19 BEST & SAFER Practices
- Our staff will disinfect all vehicles before and after each shift
- Our staff will have flexible schedules to meet your needs via remotely, in-home, or in the community
- Our staff will take their temperature before each shift
- Our staff will make all efforts to avoid taking any participant to sites where CDC guidelines are not being followed (Safe Distance, large crowds, no face cover, etc.)
- Our staff will not provide services if they have any COVID-19 related symptoms or if they are sick.
- Our staff will not provide services if they travel outside the country.

By signing, you acknowledge you have been informed of health and safety precautions you are required to follow to receive services from LiNk and you are aware of the health and safety precautions LiNk employees will follow when providing services to you:-

Client Name (Print Name)

Client Signature

Date

Parent/Conservator Name (if applicable)

Parent/Conservator Signature

Date

Staff Name (Print

Staff Signature

Date