

PACES

Moving your child forward, one step at a time

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

Please read this carefully and let us know if you have any questions. When you sign this document, it will be an official agreement.

Decision to Meet Face-to-Face

We have agreed to meet in person for your child's testing. We have shifted some portions of the testing process (parent interview/feedback) to Telehealth. If you have concerns about meeting through Telehealth, we can talk on the phone or make alternate arrangements if needed.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to COVID-19 (or other public health risk).

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you and our other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in rescheduling or cancelling your appointment.

- If your child or a family member in the home have had COVID-19 within the past 5 days, we ask you to reschedule the appointment and PACES will work to do so in a timely manner.
- If you or your child has been in close contact with someone with COVID-19 in the past 3 days, we ask you to reschedule the appointment and PACES will work to do so in a timely manner.
- For the time being, your child will continue to be required to wear a mask in the office during testing as PACES is an essential health provider in the State of New Mexico.
- If Dr. Neessen were to test positive for COVID-19, we will also reschedule your appointment to another day to minimize exposure.
- PACES may change the above precautions if local, state or federal orders or guidelines are updated. If that happens, we will talk about any necessary changes.

My Commitment to Minimize Exposure

PACES has taken steps to reduce the risk of spreading COVID-19-19 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.

Informed Consent

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

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

Parent of Child/Patient

Date