

**CCPT INFORMED CONSENT AND
CORONAVIRUS PATIENT AGREEMENT**

Coal Creek Physical Therapy is committed to helping you to stay healthy through the COVID-19 pandemic. We are following strict procedures for your safety and ours, by complying with State of CO orders, Boulder County orders, and CDC guidelines. It is our goal to make our clinic as safe as possible for you in this time, however, we recognize that you are taking a risk by leaving your home. We value your trust and promise to do everything within our control to minimize your risk of exposure. Accordingly, our policies and procedures may change from time to time in order to stay current with any new developments.

Please review our patient agreement carefully, and initial each statement to indicate that you take responsibility for helping us maintain a safe environment for our staff and patients.

1. I agree to wear a well-fitted mask or face covering at all times when in the building, waiting area and treatment room. _____
2. I agree to use hand sanitizer before and after use of clinical equipment. _____
3. I agree to have my temperature taken prior to beginning each physical therapy session. I understand that a repeated temperature reading of greater than 100°F is considered a fever and will result in cancellation of appointment. _____
4. I agree to notify the front office immediately should I develop any symptoms of illness and/or fever within 10 days of last appointment at Coal Creek Physical Therapy. _____
5. I agree to notify the front office immediately should any member of my household or person with whom I have had prolonged exposure (greater than 15 minutes within 6 ft) develop any symptoms of illness, fever, suspected COVID-19 or confirmed COVID-19.
6. I understand that the **criteria for me to end home isolation and to return to PT** in the case of developing illness are as follows:
 - o 3 days with no fever **and**
 - o Symptoms improved **and**
 - o 10 days since symptoms first appeared _____
7. I understand that **if a member of my household develops illness**, the criteria for my return to PT are as follows:
 - o 14 days after my last close contact with the person who is sick (based on the time it takes to develop illness),
 - o or 14 days after the person who is sick meets the [criteria to end home isolation](#) as above.
 - o If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.
8. I understand that despite all actions Coal Creek Physical Therapy has taken to keep me safe from COVID-19 exposure or infection, the coronavirus is spread as a community acquired disease and I may be exposed anywhere and at any time. I agree not to hold CCPT liable should I become ill w/ COVID-19. _____
9. I understand that this document is available for reference on the CCPT website under “Forms” tab. _____

SIGNATURE: _____ DATE: _____

Patient Name: (printed) _____