

**INFORMED CONSENT FOR FACILITY VISITATION
DURING THE COVID-19 PUBLIC HEALTH CRISIS**

I _____ (resident/visitor) am agreeing to participate in an in-person visitation at Mountainside Medical Center Transitional Care Unit.

I understand that the coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious.

Hackensack Meridian Health (HMH) has put in place a number of measures aimed to reduce the spread of COVID-19, including that all staff and residents of this facility are tested for COVID-19.

I understand that the New Jersey State Department of Health and HMH require that all participants of in-person visitation be advised of and acknowledge the risks of exposure to COVID-19 and their obligation to comply with facility visitation policy.

I have been advised of the following risks associated with COVID-19:

- Despite the implementation of preventative measures designed to reduce the spread of COVID-19, the risk of exposure cannot be completely eliminated.
- Although the participants have been screened and/or tested for COVID-19 screening and tests may fail to detect the virus.
- A positive COVID-19 diagnosis could result serious illness requiring medical treatment including hospitalization.
- There is still a great deal of uncertainty about the risks of COVID-19 at this time.

In order to participate in an in-person visitation I agree to:

- Participate in a screening, including a temperature check and evaluation for symptoms.
- Wear an appropriate face mask. Limit physical contact with anyone other than the resident while in the facility and maintain social distancing (6 Feet) with no handshaking, kissing or hugging.
- Observe appropriate handwashing and hygiene
- Remain in areas designated for visitation during the time allotted

I understand the risks as noted above and my obligations in order to participate in visitation. I also understand that if I fail the health screening or do not comply with facility policy, the visitation will be cancelled.

Participant or Person Authorized to Sign for Participant

Date/Time

Witness: _____

Date/Time: