



For everyone's safety, when you come in for your appointment we ask you to adhere to our COVID Safety Policies, which all returning clients will sign prior to their first visit.

Prior to your appointment:

- We are open to seeing any clients with any health concerns who would like to seek our services. The medical need versus the possible COVID risk decision is the client's choice. If you have any questions, please ask to talk to the owner, Carola Stepper, she will be happy to assist you with any concerns you may have.
- Please read and sign this entire document, outlining our COVID Safety measures.
- You may also view our COVID Safety Video:
<https://www.youtube.com/watch?v=-r6BMelaE0g>
- Per CDC the following people are at an increased risk for COVID-19: [People who are older](#), or have [cancer, chronic kidney disease, COPD, weakened immune system, obesity \(Body Mass Index of 30 or higher\) serious heart conditions, sickle cell disease, Type 2 Diabetes](#).
- Please consider [TeleHealth Video appointments](#) with Carola, she can teach you self Acupressure techniques.
- I have been informed that Cascade Acupuncture Center, LLC has 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 seeking care at Cascade Acupuncture Center, LLC. 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.
- A copy of this signed form can be viewed and downloaded in your Patient Portal under "Questionnaires" or you may request a printed copy from our staff.

You will be asked the following questions prior to each appointment, as part of your questionnaire (FYI our employees need to answer each of those questions prior to each shift as well):

1. Are you having flu-like or possible COVID-19 symptoms, such as fever, cough, shortness of breath, chills, repeated shaking with chills, sore throat, fatigue, headaches, muscle pain,



congestion, chest tightness, poor appetite, leg swelling, new onset reddened skin rashes or new loss of taste or smell?

2. In the last 14 days have you traveled to an area which has a high number of reported COVID-19 cases? Have you been to crowded places, where a 6 foot distance could not be maintained or places with no or unknown sanitation protocols, where many people touch the same things?
3. Have you been in close contact with someone who is confirmed COVID-19 positive or is being evaluated for COVID-19?

***If you answered YES to ANY of these questions, please stay home and call your primary care provider or your State Department of Health for further direction.**

****If you answered NO to ALL of these questions, you can come in for your appointment today.**

- Please leave any unnecessary items at home, please don't bring extra bags or extra jackets into our clinic. If you do bring your purse, please use the provided hooks in each room, some of them are on the backside of the door.
- Each treatment room has a table with an antimicrobial brass surface for clients to place their wallet, phone, keys, etc. It has clear signage above it. It is sanitized after each client visit.
- Bring a cloth face covering to your appointment and wear it for the whole duration of your appointment inside of the clinic. We have a limited amount of home made cloth masks for sale for \$10 but only if you cannot bring your own.
- If you make an appointment and arrive in our parking lot and decide you don't want to keep your appointment for any reason, please call us from your car and cancel your appointment, we are waiving our usual missed visit fees due to COVID.

Touchless payment options and PHR (Patient Health Record) which allows you to fill out our questionnaires PRIOR to your visit:

- We can save your credit card on file in an encrypted way. Please consider calling us so we can put it on file, eliminating any further need to touch credit cards to pay for copays, treatments or to purchase products.

Cascade Acupuncture Center, LLC Mailing address: 2690 May Street, Ste 101, Hood River, OR 97031

www.CascadeAcupuncture.org Fax: 844-965-9823

Hood River: Phone: 541-387-4325 The Dalles: Phone: 541-298-2378



- You may leave the following information on our confidential voicemail (541-387-4325 or 541-298-2378): 16 digit CC number, 4 digit Exp Date, 3 digit security code, 9 digit billing zip code.
- Prepare for your visit by [accepting our Patient Portal](#) (PHR =Patient Health Records, similar to “Providence My Chart” but not related or connected) email invite. This is the login site: <https://phr.charmtracker.com/> Once you have set it up (you will need your date of birth and set up a password), we will be able to send you the same questionnaires you used to fill out on our iPads. Please have your questionnaires filled out PRIOR to your appointment.
- You can also use the PHR to pay invoices.

During your visit:

- One person at a time in our waiting room. Please arrive no earlier than 5 min prior to your appointment. If you arrive earlier, please wait in your car. Look through the glass entrance door, if you see another person in the waiting room, please wait outside the clinic.
- If a family member or friend is coming with you to your appointment, please have them wait inside the car for the whole duration of your appointment.
- Upon arrival at our clinic, disinfect your hands in the waiting room. We have 80% alcohol spray mist hand sanitizer, 2-3 spritzes into your hands are all it takes!
- Disinfect your hands before and after your treatment inside the treatment room.
- Stay 6 foot away from the office staff and Acupuncturists as well as other clients as much as possible and our staff will do the same. Our team members will wear masks. There will be a line 6 foot away from the reception window.
- Our Acupuncturists will do the intake conversation 6 or more feet away. They will needle you while wearing a mask and limiting conversation. You will wear a mask. They will only needle ears and scalp points if absolutely necessary.
- There will be one person per treatment room, no exceptions. We have modified the both clinics during our closure: We no longer have a Big Healing Room, instead we have individual treatment rooms with one or two recliner chairs or one massage table. Please specify when you book your appointment if you would like a recliner chair or a massage table.
- The Acupuncturist will handle all linens, clean and dirty.

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- If you are in a treatment room with a table and a recliner or two recliners, please only sit down on one of them, as we disinfect all surfaces you touch after each visit.

How we have prepared the clinics and updated our procedures to keep you and our staff as safe as possible:

- We purchased “Molecule” air filters which are FDA approved to filter and kill COVID for each of our rooms as well as many other supplies.
- We have installed “foot pulls” on ALL of our doors, this means ALL doors can be pulled open by stepping on the foot pull or pushed open with your foot, hip or shoulder. There is no more need to touch any door handles!
- We have a touchless thermometer and will take temperature readings on your forehead.
- We have hospital grade disinfectant and 80% alcohol content hand sanitizer in all rooms.
- Our clinical staff has masks, lab coats or scrubs, safety glasses or face shields.
- Any surfaces which have been in contact with clients will be disinfected in between clients.
- All clients need to read and sign these COVID policies prior to their first visit after our COVID closure. All clients need to answer the three COVID screening questions prior each visit.
- Please be advised that even with all of those measures in place we cannot eliminate the possibility of COVID transmission as many people are silent carriers. We do feel that with all of those measures in place we have reduced this possible risk. Please evaluate for yourself if your medical need to see us warrants a visit to our clinic.
- 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.