



NEW HOPE GRIEF SUPPORT COMMUNITY
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AGREEMENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about attending in-person services at New Hope (New Hope) considering the COVID-19 public health crisis. Please read this carefully and contact our team if you have any questions. Signing this document indicates an official agreement between you and New Hope.

Risks of Opting for In-Person Services

You understand that by attending programming at New Hope, you and your dependents are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service. Further you knowingly or voluntarily agree to the maximum extent allowed by the law not to hold New Hope, its employees, elected and appointed boards or officials liable for any illness or injury.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, New Hope staff, and our families) safer from exposure, sickness, and possible death. If you do not adhere to these safeguards, it may result in reassessing service options. Indicate your agreement with these actions:

- **You will only keep your in-person appointment if you and all members of your household coming to New Hope meetings are symptom free.** Yes ___ No ___
 - fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea

- **You will wash your hands or use alcohol-based hand sanitizer when you enter the building and facilities.** Yes ___ No ___

- **You will adhere to the safe distancing precautions we have set up throughout the space. For example, you will sit in designated areas and not move furniture.** Yes ___ No ___

- **If you are not vaccinated, you will wear a mask that covers your nose and mouth in all areas of the room and on the property. If you do not have a mask, one will be provided by New Hope.** Yes ___ No ___

- **You will take steps outside of New Hope to minimize your exposure to COVID.** Yes ___ No ___

- **If a resident of your home tests positive for the infection, you will immediately let New Hope staff know.** Yes ___ No ___

New Hope may change the above precautions if additional local, state, or federal orders or guidelines are published. If that happens, New Hope staff will talk with you about any necessary changes.

New Hope Commitment to Minimize Exposure

New Hope has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts in the office. Please let New Hope staff know if you have questions about these efforts.

If Someone Becomes Sick

You understand that New Hope is committed to keeping you, New Hope staff, volunteers and all our participants safe from the spread of this virus. If you show up for an appointment and New Hope staff believe that you have a fever or other symptoms, or believe you have been exposed, New Hope staff will require that you leave the facility immediately. We can follow up about service options as appropriate.

If a New Hope staff member or volunteer who you have been in contact with tests positive for the coronavirus, we will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, New Hope may be required to notify local health authorities that you have been on the facilities. If New Hope reports this, we will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that New Hope may do so without an additional signed release.

Informed Consent

This agreement supplements the general disclosure statement agreed to at the start of your work with New Hope.

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

Print Name

Signature

Date