



Indoor Visitation Informed Consent | Visitors

Before a resident of the Holland Christian Home (HCH) may receive visitors, the Home is required to obtain a signed informed statement of consent from the participating visitor(s) and resident (if the resident is unable to consent then the consent must be signed by the authorized representative).

Please review the following and sign where indicated:

- I am aware of the inherent risk of exposure to COVID-19 during this visit, and I assume this risk by choosing to participate in this elective visit.
- I agree to hold harmless, release, and indemnify the Holland Christian Home and its employees, agents, and representatives for any exposure to, or lawsuit, or other claim by anyone as a result of the COVID-19 virus causing injury, illness, or other damages arising from the visit.
- I agree to strictly comply with Holland Christian Home policies during indoor visitation.
- I acknowledge that failure to comply with Holland Christian Home policies may result in the revocation of visiting privileges.
- I will notify the Holland Christian Home if I test positive for COVID-19 or exhibit symptoms of COVID-19 within fourteen days of this visit.
- I have had an opportunity to be educated to the policies and protocols at the Holland Christian Home related to COVID -19. I understand the risk of contracting the virus and the steps taken to prevent the spread of infection. This includes but is not limited to:
 - Frequent handwashing, including before and after the visit.
 - Maintain social distancing of at least 6 feet away from other individual.
 - Ensure both resident and visitors wear a facemask covering both the nose and mouth at all times.
 - Wear additional PPE if determined by HCH.
 - If required, undergo COVID-19 testing per CDC / CMS guidelines.
 - Disinfect chair and visiting station at the completion of each visit.
 - Practice cough hygiene.

I understand that if I have any additional questions or concerns related to prevention of the spread of COVID-19 I should seek advice from the management staff and/or nursing staff at HCH.

Visitor

PRINT NAME _____ Signature _____

Date _____