



HEARING AID 911



COVID-19 Patient Protection Agreement

As healthcare professionals providing essential services during the COVID-19 pandemic, Hearing Aid 911 strives for the highest levels of clinical safety and cleanliness for patients and staff.

This Patient Protection Agreement outlines the expected rules for patients and their guests to follow. As a patient, it is your responsibility to read, know, and follow these standards for the safety of yourself and those involved in your care. Failure to follow these procedures may result in your appointment being rescheduled.

Code of Conduct

As a person seeking in-person hearing healthcare, or a companion to the patient, you agree to:

- Notify Hearing Aid 911 of any disabilities requiring special accommodations prior to your appointment.
- Complete the CDC health screening questionnaire and temperature check before each visit.
- Wear Personal Protective Equipment (PPE) for the entire duration of your appointment, including a face mask that covers the mouth and nose. ***Note - if you are unable to wear a mask due to health issues, please notify us prior to your appointment.**
- Disinfect hands before and after your office visit
- Follow the Hearing Aid & Accessory procedures outlined below:

Handling Hearing Aids & Accessories

We adhere to the following procedures when collecting, handling, and returning patient property:

1. The patient places their devices into a labeled plastic bag or container that is provided by Hearing Aid 911
2. Equipment is disinfected by Hearing Aid 911 prior to service
3. Upon successful completion of service, Hearing Aid 911 disinfects equipment and places it in a new plastic bag or container, along with single-use alcohol wipes
4. Hearing aids and/or accessories are returned to the patient, who is instructed to use the alcohol wipes to disinfect the equipment prior to use
5. Patients are encouraged to wash their hands upon delivery

Patient Contact

I give Hearing Aid 911's licensed hearing care professionals permission to perform short-duration low-touch hearing services including (check all that apply):

- Brief encroachment of 6-foot barrier
- Placement of headphones/ inserts
- Otoscopic examination
- Real Ear probe measurements
- Tympanometry
- Brief incidental physical contact

I, as a person seeking the services of Hearing Aid 911, understand and will comply with the guidelines set forth by the Patient Protection Agreement set forth by Hearing Aid 911.

I have been counseled about the risks of pursuing hearing services at this time. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS, Hearing Aid 911, their officers, officials, agents, and/or employees, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Patient's Name (Please Print)

Patient's Signature

Witness' Signature

Date