



Community Health Policy

MASK USE IN BUILDING

For the health and safety of our staff and clients, masks will be required at all times inside our building. Masks must properly be worn to cover the nose and mouth. Mask use is required regardless of age.

WAITING ROOM

Please enter the waiting room no more than 10 minutes before your appointment time. One is allowed to wait in the waiting room during the duration of the appointment.

HEALTH SCREENING QUESTIONS

At your scheduled appointment time, your counselor will call and ask the following health screening questions:

- Do you have a mask that covers your nose and mouth to wear the entire time you are in our building?
- Are you or anyone in your household experiencing any of the following symptoms?
 - Fever or feeling feverish (chills, sweating); Cough; Mild or moderate difficulty breathing; Sore throat; Muscle aches or body aches; Vomiting or diarrhea; New loss of taste or smell.
- Have you come in contact with anyone that has had a positive COVID-19 test within the last two weeks?

If you answer yes to any of the symptom screening questions, you will be asked to call the COVID screening hotline through Holland Hospital (616) 394-2080, follow their recommendations and reschedule your appointment with Beacon of Hope.

CONTACT TRACING

All clients must agree to notify Beacon of Hope if you test positive for COVID-19. Beacon of Hope staff and Beacon of Hope clients who were in the office on the same day will be notified that someone in the building tested positive for COVID-19. No other personal identifying information will be released.

PHYSICAL CONTACT

There will be no handshakes, hugs or physical contact between counselors and clients.

REFERRAL TO TELEHEALTH

If a client is unable to abide by any of these safety precautions, a referral to telehealth counseling may be appropriate. A client can request this referral, or the decision may be made according to counselor discretion. A change in local, state or federal orders or recommendations may also prompt a transition to telehealth.

By signing this policy, I voluntarily seek in-person counseling services provided by Beacon of Hope. I agree to follow the stipulations above, to answer symptom screening questions honestly and to notify Beacon of Hope if I test positive for COVID-19. I acknowledge that Beacon of Hope has put in place preventative measures to reduce the spread of COVID-19; however, I further acknowledge that Beacon of Hope is not responsible or liable for any potential exposure to COVID-19.

If I am signing on behalf of a minor, I agree to actively educate and prepare the minor to follow these policies.

Client, Parent or Guardian

Date