



COVID-19: Patient Acknowledgment

I have been notified that there is a positive case of COVID-19 in the residential treatment facility to which I am admitting. I am admitting to the following facility:

- Stepworks of London
- Stepworks of Elizabethtown, Woodland
- Stepworks of Elizabethtown, Crowne Pointe
- Stepworks of Bowling Green
- Stepworks of Nicholasville
- Stepworks of Paducah

I understand that COVID-19 is extremely contagious and spreads mainly from person-to-person contact. Stepworks has put in place preventative measures to reduce the spread of COVID-19. However, I understand that Stepworks cannot guarantee that I will not become infected with COVID-19.

I attest that I am not considered high-risk for complications of COVID-19. (High-risk patients include individuals over 60 years of age or patients with health conditions like lung or heart disease, diabetes, or conditions that affect their immune system.)

I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from any form of perceived negligence or fault of Stepworks.

I agree that if I experience any symptoms of COVID-19 (fever, cough, sore throat, body aches, or loss of taste and smell), I will notify a Stepworks team member immediately for a medical evaluation.

Patient Name (print): _____

Date of Birth: ____ / ____ / ____

Patient Signature: _____ Date: ____ / ____ / ____

Team Member Name: _____

Patient Signature: _____