



COVID-19 Positive Patient Information Sheet

We are so sorry to hear that you have tested positive for COVID-19. We want to ensure that you continue to receive treatment while you recover from the virus. This form will inform you of Stepworks' COVID-19 protocols and when to seek medical attention.

Patient Name: _____ Date of Birth: ____ / ____ / ____

County of residence: _____

Are you vaccinated? No Yes, fully vaccinated Yes, partially vaccinated

What to Expect

- COVID-19 is a highly contagious respiratory virus. Stepworks must take precautions to keep other patients and our team safe. Therefore, you will be asked to quarantine, wear a surgical mask, and social distance.
- If your symptoms are mild, you can still participate in groups and therapy provided you follow masking and social distancing guidelines.
- We can provide you medications for your symptoms, so be sure to tell us if you are feeling poorly.
- We will take your vitals frequently, including a pulse oximetry test which measures your blood oxygen levels. If your oxygen levels dip to a concerning level, we may send you to a local emergency room to be evaluated.
- If you experience a worsening shortness of breath, shortness of breath under exertion, or the inability to speak without shortness of breath, please tell a Stepworks team member immediately.
- If you are scheduled to discharge in the next ten days, you may be considered for an extended stay until your quarantine is complete. We can make exceptions if you live alone or with family who can accommodate quarantine requirements.
- We cannot discharge you to a sober living environment or community facility until you have served your quarantine period.
- If you wish to isolate at home during this quarantine period, you may choose to leave Stepworks. After you have recovered from COVID-19, you can call us and be reassessed for treatment, but we cannot make any guarantees about placement.

I agree to the following guidelines:

- I will use hand sanitizer and wash my hands frequently, including after using the restroom, after coughing/sneezing, after blowing my nose, before eating, before taking medication, and before/after smoking.
- I will wear a surgical mask at all times except when I am eating, drinking, smoking, or alone in a room (until the facility medical director gives permission for this to be discontinued).
- I will keep at least a six foot distance from other patients and Stepworks team members.
- I will keep twelve feet of separation while on smoke breaks.
- I will eat separately from other patients, and I will not assist with food preparation.
- If my symptoms are mild, I can attend groups, but I must wear my mask and stay socially distanced from others.
- I agree to comply with quarantine procedures for ten days from either the start of my symptoms or the date of my positive COVID-19 test.
- Failure to follow the above guidelines may result in an administrative discharge from Stepworks.
- All Stepworks COVID-19 protocols and guidelines have been explained to me; I have had the opportunity to ask questions; I understand these guidelines and will comply with them.

Patient Signature: _____ Date: ____ / ____ / ____

Team Member Signature: _____ Date: ____ / ____ / ____