Welcome to Northwestern Medicine!

Your health and everyone’s safety is our highest priority. To help maintain a safe environment for everyone, we have taken extensive measures, including the following:

- **Universal masking.** Everyone is required to wear a mask while in our hospitals or ambulatory facilities. Masks are available for those entering our facilities.

- **Comprehensive cleaning.** Our Environmental Services teams continue to perform rigorous cleaning of our facilities and have increased the frequency of cleaning and disinfecting in high-touch areas. Hand sanitizer dispensers remain available throughout our facilities.

- **Physical distancing.** A distance of at least 6 feet from others must be maintained unless you are receiving direct patient care. We have modified seating arrangements in waiting rooms, food courts and other common areas to reinforce this practice. Elevator capacity also is limited.

Our entire Northwestern Medicine team is focused on ensuring you feel safe and supported during this time.

For current information about COVID-19, including our policies and practices, please visit nm.org/covid-19.
**How to Properly Put Your Mask On**

1. Wash your hands or use an alcohol-based hand sanitizer before touching the mask.
2. If your mask has ear loops, use the ear loops to secure behind your ears.
3. If your mask has ties, bring the mask to nose level and tie the top straps across the upper part of your head, above the ears. Bring the mask over your mouth and under your chin. Once it is secure, tie the lower straps behind your neck.
4. Mold or pinch the area around your nose so the mask fits securely. Make sure it covers both your nose and chin.

**How to Remove a Face Mask**

1. Wash your hands thoroughly with soap and water or use an alcohol-based hand sanitizer.
2. Do not touch the front of the mask.
3. Use the ear loops to remove the mask. If your mask has ties, untie the bottom string first, then the top, and use the ties to pull the mask away from your face.
4. Properly dispose of your mask if necessary, or store it safely. Clean your hands.

**Helpful Tips**

- **Do not** touch the front of the mask.
- **Do not** forget to cover your chin.
- **Do wear it securely over your nose,** from the bridge of your nose to below your chin.
- **Do make sure it is fastened securely and fits snugly** on both sides, with **no gaps**.
- **Wash** and dry cloth masks **daily**.
- Store masks in a clean, dry location, like a paper bag. They should be carefully folded so that the outer surface faces inward.
- Make sure to **clean hands before and after** handling your mask.
- If you use a disposable mask, be sure to **dispose of it properly**.

**Sources:**

Practice Physical Distancing
At least 6 feet apart

Wash Hands Frequently
• Soap and water for 20 seconds is best
• Hand sanitizer should be at least 60% alcohol

Wear a Mask
• Avoid touching the front of it
• Be sure it covers from the bridge of your nose to below your chin

Clean High-Touch Surfaces
• Sanitize common spaces often
• Keep your personal work area clean

Don’t Crowd Common Areas
• Stagger meals and breaks
• Maintain 6-foot distance from each other

No Sharing
Use your own phone, utensils and other portable items

Learn More
nm.org/covid-19 | cdc.govCOVID-19 | resource page on NM Interactive
Northwestern Medicine Release of Liability

1. I, the undersigned, acknowledge that COVID-19 (as defined by the World Health Organization) is an extremely contagious disease that can lead to severe illness and death, and that an inherent risk of exposure to COVID-19 exists in any place where people are present, including hospitals and healthcare facilities, regardless of precautions that may be taken. I further acknowledge and understand that:

   a. Persons with certain medical conditions (as identified by the Centers for Disease Control and Prevention) may be especially vulnerable to the symptoms of COVID-19;
   b. Scientific and medical knowledge about COVID-19 is regularly changing, and many aspects of COVID-19 remain uncertain; and
   c. Contracting or being exposed to COVID-19 can result in being subject to isolation or quarantine requirements, serious illness, temporary or permanent disability, other short-term or long-term health effects, and/or death, regardless of age or health condition.

2. I understand that I must, and I agree that I shall, adhere to all health and safety directives of the Northwestern Medicine facility and staff when on Northwestern Medicine premises.

3. I recognize that I must exercise all available preventive and safety measures at all times (including, but not limited to, enhanced personal hygiene, social distancing, and mask wearing) when I am present on Northwestern Medicine premises.

4. I acknowledge and confirm, both now and in the future, that by entering Northwestern Medicine premises and participating in activities:

   a. I understand and expressly assume the risk that I may be exposed to COVID-19;
   b. Such risks include contracting COVID-19, and the associated dangers, medical complications, and physical and mental injuries, both foreseen and unforeseen, that may result from contracting COVID-19;
   c. Any interaction with the general public poses an elevated, inherent risk of being exposed to and contracting COVID-19;
   d. It cannot be guaranteed that I will not be exposed to COVID-19, and as such, potential exposure to or contraction of COVID-19 are inherent risks that cannot be eliminated;
   e. If infected with COVID-19, I may infect others with whom I subsequently come in contact, even if I am not experiencing or displaying any symptoms of illness, and that the risk of spreading COVID-19 to others remains at all times;
   f. My refusal to adhere to any health and safety directives of Northwestern Medicine may result in the termination of my access to Northwestern Medicine premises and activities;
   g. Safety measures ultimately may prove inadequate to prevent or mitigate potential exposure to, contraction of or transmission of COVID-19;
   h. Northwestern Medicine has the right to deny admission to or eject any person whom Northwestern Medicine determines, in its sole discretion, poses a risk to the health or safety of others and/or whose conduct violates these terms.

6. I agree that (a) this Release of Liability is intended to be a binding and full waiver of claims and release of liability with respect to any controversy, claim or dispute that may arise out of participation in Northwestern Medicine activities or that is related to exposure to or the contraction of COVID-19 and (b) the terms of this agreement will be fully enforceable in every respect, at law or in equity, by the Released Parties (as defined below).
CAUTION: READ BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.

7. SPECIFICALLY, I AGREE THAT, ON BEHALF OF MYSELF AND MY PERSONAL REPRESENTATIVES, HEIRS, SPOUSE, GUARDIANS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, ASSIGNS AND NEXT OF KIN, I AND THEY HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS AND AGREE NOT TO SUE THE RELEASED PARTIES NOTED BELOW WITH RESPECT TO ANY CLAIM, LIABILITY OR DEMAND OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY (INCLUDING, WITHOUT LIMITATION, FOR PERSONAL INJURIES OR WRONGFUL DEATH) THAT MAY ARISE IN CONNECTION WITH, OR RELATE IN ANY WAY TO, EXPOSURE TO OR CONTRACTION OF COVID-19 FOLLOWING MY PARTICIPATION IN an activity through NORTHWESTERN MEDICINE, INCLUDING, WITHOUT LIMITATION, THOSE CLAIMS THAT ARISE AS A RESULT OF: (I) THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES, AND/OR (II) THE INHERENT RISKS ASSOCIATED WITH VISITING NORTHWESTERN MEDICINE PREMISES DURING THE COVID-19 PANDEMIC. I FURTHER AGREE THAT THE FOREGOING RELEASE OF LIABILITY AND COVENANT NOT TO SUE EXTENDS TO AND ENCOMPASSES ANY AND ALL CLAIMS, LIABILITIES OR DEMANDS THAT RELATE IN ANY WAY TO EXPOSURE TO OR CONTRACTION OF COVID-19 BY ANY OTHER INDIVIDUAL, INCLUDING BUT NOT LIMITED TO MINOR CHILDREN AND/OR FAMILY MEMBERS, AS A RESULT OF THEM BEING EXPOSED TO COVID-19 BY ME.

The “Released Parties” shall include: Northwestern Memorial HealthCare and its affiliated entities, and every director, officer, trustee, employee, agent, volunteer, independent contractor, insurer and consultant of Northwestern Memorial HealthCare and its affiliated entities.

8. This acknowledgement and express assumption of risk, waiver of claims, and release of liability is intended to be as broad and inclusive as is permitted by law. If any part of this provision is held to be invalid or legally unenforceable for any reason, the remainder of this provision shall not be affected thereby and shall remain valid and fully enforceable.

9. In signing this agreement, I hereby acknowledge and represent that I have read this document in its entirety, understand it, and sign it voluntarily.

______________________________________               __________________________
Signature                                                                            Date

______________________________________
Name (please print)