

COVID-19 Template Letter for Patients with Direct Exposure

Instructions: This letter is a template and should be modified to meet the facility's needs. This letter can also be adapted to be sent through your patient portal based on the option that is best for communicating with you patients.

Dear **[PATIENT NAME]**:

We are sending you this letter because you were in the **[MEDICAL CENTER NAME, ADDRESS]**, between **[DATE and DATE]**. During this time, you were identified to have been exposed to another individual in **[MEDICAL CENTER NAME]** who tested positive for Coronavirus Disease 2019 (COVID-19) while this individual was infectious. COVID-19 can be spread by people who do not have symptoms and do not know that they are infected; more information can be found on the Center for Disease Control and Prevention's website here: [cdc.gov/coronavirus/2019-ncov/your-health/need-to-know.html](https://www.cdc.gov/coronavirus/2019-ncov/your-health/need-to-know.html). All of us at **[MEDICAL CENTER NAME]** understand this may be frightening and want to assure we are working closely with DC Health to support them in conducting a thorough investigation.

Based on your identified exposure, you are being advised to self-quarantine for 14 days from [INSERT DATE OF LAST EXPOSURE TO THE INDIVIDUAL WHO TESTED POSITIVE] and contact your healthcare provider if you develop any of the following symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or otherwise feel unwell. Please note that, if you develop symptoms or test positive then you will have to self-isolate, and the amount of time you need to stay at home and restrict activities may change; this should be discussed with your healthcare provider or health department.

Please read the DC Health guidelines titled "Contacts of a Person Confirmed to have COVID-19," which can be found on [coronavirus.dc.gov/healthguidance](https://www.coronavirus.dc.gov/healthguidance).

Immediate steps you must take to keep yourself and others around you safe from COVID-19 include:

- Stay home.
- Separate yourself from other people (self-quarantine) as much as possible at your home for 14 days from the last time you were exposed, including using a separate bathroom if available.
- Wash your hands with soap and water frequently or use a hand sanitizer that contains at least 60% alcohol, especially before eating, after using the bathroom and upon returning home.
- Cover your mouth when you cough and sneeze and then wash your hands.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- [Answer the phone](#) when you get a call from a COVID-19 contact tracer.

We realize that you turn to **[MEDICAL CENTER NAME]** to get better. We want to ensure you that your health is important to us and that we are taking the following steps to keep our facility safe for your continued care: **[ADD PRECAUTIONS FACILITY HAS TAKEN]**

If you have any questions, or if there is anything, we can do to further assist you, please contact **[INSERT NAME OF POINT OF CONTACT FOR FACILITY AND PHONE NUMBER]**.

Thank you,