



COVID-19 POLICIES

To minimize the transmission of COVID-19 and protect the safety of clients and clinicians, the following policies and protocols have been put in place:

- 1) Closed Waiting Room - please wait outside for your care provider to get you or your child. Please call your provider to alert them to your arrival if they do not come out within 5 minutes of your scheduled time.
- 2) Upon entering the building, you or your child will have your temperature taken and provided sanitizer or the opportunity to wash your hands before entering the office.
- 3) Masks must be worn indoors at all times, regardless of vaccination status. Accommodations may be made for those unable to wear mask, including telehealth or reserving the back patio for sessions.
- 4) Parent checkins will be scheduled separately for either a phone call or telehealth appointment.
- 5) Please do your best to maintain 6' physical distance.

AGREEMENT

By signing this form, I acknowledge that I am aware of the new safety policies regarding COVID-19. I agree that I will not attend in-person sessions or enter the building if:

- 1) Anyone in my household has experienced the following symptoms in the past 48 hours -
 - 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
- 2) I or a family member are isolating or quarantining because I/they tested positive for COVID-19 or are worried that I or a family member may be sick with COVID-19.
- 3) Have been in close physical contact in the last 14 days with someone who has tested positive or has had any symptoms of COVID-19.
- 4) Am currently waiting on the results of a COVID-19 test.

Client Name

Client Signature

Parent/Guardian Signature

Date

Thank you!