

## Center for Achieving Balance COVID-19 Agreement

- You will only keep your in-person parenting sessions if you are symptom free. \_\_\_\_
- You will take your temperature 30 minutes before coming to each appointment and certify wellness at each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. \_\_\_\_
- You will wait in your car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time. \_\_\_\_
- You will wash your hands or use hand sanitizer when you enter the building and before interacting with staff. \_\_\_\_
- You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room and outdoors in the case of outdoor park interactions. For example, you won't move chairs or sit where we have signs asking you not to sit. \_\_\_\_
- You will wear a mask in all areas of the office and while outdoors (I [and my staff] will too). \_\_\_\_
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me [or staff]. \_\_\_\_
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. \_\_\_\_
- If will make sure that your child follows all of these sanitation and distancing protocols. \_\_\_\_
- You will take steps between appointments to minimize your exposure. \_\_\_\_
- If you have a job that exposes you to those who are infected, you will let me [and my staff] know. \_\_\_\_
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me [and my staff] know. \_\_\_\_
- If a resident of your home tests positive for the infection, you will immediately let me [and my staff] know and we will then [begin] resume sessions via telehealth. \_\_\_\_

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

### **My Commitment to Minimize Exposure**

Our program has taken steps to reduce the risk of spreading the virus within the office and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

### **If You or I Are Sick**

You understand that I am committed to keeping you, me, [my staff] and all of our families safe from the spread of this virus. If you arrive for an appointment and I [or my office staff] believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If I [or my staff] test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

### **Your Confidentiality in the Case of Infection**

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details of the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

### **Informed Consent**

This agreement supplements to the general informed consent/business agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

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Patient/Client

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Date

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Staff Member

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Date