



CONSENT FOR CLINIC BASED SERVICES

Therapedia, LLC is concerned with the overall health and well being of the families served at our clinic. Clinic based therapy services will be provided at this time with added precautions in place to reduce the likelihood of transmission of Coronavirus COVID-19. Some of these steps include:

- Closing of the waiting room with limitations to reduce the number of people in the clinic
- Diligent cleaning and disinfecting of rooms, toys and surfaces
- Daily screening of staff and patients for fever prior to provision of services (at or above 100 degrees will be sent home)
- Wearing of cloth face coverings by staff and by patients (whenever possible). If your child does not have a face covering, we have them available at no cost.
- Washing of hands for therapist and children prior to and after sessions
- We will be continuing to provide telehealth options as well

For greater details on the steps taken, please read our procedure for infection control. Even with these steps in place, there is no way to guarantee that exposure will not occur. It is our goal to keep you informed so that you can make the best possible decision for your child.

_____ I understand the safeguards that are in place in order to prevent transmission of the Coronavirus COVID-19. I also understand that these steps do not provide a guarantee that my child will not be unknowingly exposed.

_____ To the best of my knowledge, my child or members of our household, have not been in contact with anyone known to have or suspected to have COVID-19. (If a member of your household is an essential worker with direct contact with COVID-19 patients as part of their job, please discuss this with your therapist so that we can make appropriate recommendations for provision of services to your child).

_____ My child, or any member of our household, is not currently exhibiting any of the following symptoms: cough, shortness of breath, fever, chills, muscle pain, headache, sore throat or loss of taste or smell. If my child should have any of these symptoms prior to an appointment, I will cancel the appointment. I understand that I have the option of completing that session via telehealth if my child is not too ill to do so.

Having been informed of the steps that Therapedia, LLC is taking to minimize the risk of spread of COVID-19 AND fully understanding that these steps do not guarantee that my child will not have exposure to COVID-19, I make the following informed decision regarding continued therapy services:

_____ My child will attend in person therapy sessions at Therapedia, LLC. We will cancel our session, or reschedule to telehealth if my child, or a household member, has known exposure or exhibits any of the symptoms detailed above.

_____ Due to the remaining risk of virus transmission, my child will continue with therapy services through telehealth services at this time.

_____ My child will not participate in therapy services at this time. I will notify the clinic when we are ready to resume either telehealth or in person intervention.

Parent/guardian signature

Date