

# Southland Therapy Services, Inc.

## Novel Coronavirus / COVID-19 Sick Policy

Southland Therapy Services Inc. is following enhanced procedures to prevent the spread of COVID-19:

- Teletherapy sessions are offered to all patients if appropriate and as insurance allows.
- Masks / Gloves will be worn by therapist if requested by patient caregivers.
- Hand sanitizer will be used upon entry into the home, throughout therapy as needed.
- Therapy materials will only be brought into the home with permission by patient caregiver, and thoroughly sanitized before and after according to the CDC guidelines.

**CDC website currently states symptoms of COVID-19 include but are not limited to:**

1. Headaches
2. Fatigue, muscle or body aches
3. Fever or chills
4. New loss of taste or smell
5. Cough and difficulty breathing
6. Sore throat, congestion or runny nose

PLEASE INITIAL EACH STATEMENT BELOW:

\_\_\_\_\_ I understand the above symptoms and affirm that I will notify my therapist immediately if anyone in my household experiences ANY of the symptoms listed.

\_\_\_\_\_ I affirm that I, as well as all household members, will notify my therapist immediately if I learn of any possible exposure to COVID-19.

\_\_\_\_\_ I affirm that I, as well as all the household members, will notify my therapist immediately if anyone in my household is tested for COVID-19. I will also inform therapist of results immediately after received.

\_\_\_\_\_ I understand Southland Therapy Services, Inc. and my therapist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation of health history provided by each client on day of therapy.

By signing below I agree to each above statement and release the therapist and business from any and all liability and for the unintentional exposure or harm due to COVID-19.

Your therapist and all team members of Southland Therapy Services Inc. agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Patient Name: \_\_\_\_\_

Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_