

Heather's Healing Kitchen in accordance with Patchogue Wellness Center

Covid 19 Safety Protocol Agreement

In order to reopen, I will need to follow the NYS Moving Forward Guidelines. The following are the guidelines Patchogue Wellness Center and Heather's Healing Kitchen are requiring:

- Please wait in your car for your scheduled appointment. Call or text my cell phone at 631-662-0841 when you arrive and I will call you back when I am ready to escort you to my office. The center doors will be locked and the waiting room and shared areas are closed. I will meet you at the front door and bring you directly to my private office space.
- Please try to avoid any stops before coming to the center.
- Only one client will be allowed to enter the center at a time.
- Please bring your own water bottle, the water cooler will not be accessible.
- Please wear a mask or face covering upon entering building. We are both required to wear a mask or face covering at all times while in the center. And if you forget one or lose yours we have some extras on hand for you.
- In my private office I will have hand sanitizer and a hepa air filter.
- Masks may be removed during our session in private office space where we will be seated 6 ft. apart.
- All practitioners will be wiping down touched and possibly touched surfaces between each client and the

center will be cleaned every evening after the last client and practitioner leaves.

- Payments and appointment scheduling must be done in individual treatment rooms.
- If you test positive for COVID 19, you will notify Heather's Healing Kitchen who will also notify, Patchogue Wellness Center.

Thank you for your patience and understanding as we try to navigate this difficult situation.

Heather's Healing Kitchen

COVID -19 Liability Release Form

Due to the outbreak of COVID 19, the following release form needs to be reviewed and signed.

The symptoms of COVID-19 include :

Fever, Fatigue, Dry cough, Difficulty breathing

I understand the above symptoms of COVID 19

I currently do not have any of the above symptoms

To the best of my knowledge, no one in my household currently has any of the above symptoms

I affirm that I myself and the members of my household have not knowing been exposed to anyone with COVID 19

If I test positive for COVID 19, I will contact Heather's Healing Kitchen with that information

I understand that Heather's Healing Kitchen can not be held liable for any exposure to COVID 19.

Name: _____

Signature: _____

Date: _____