

Clinic: Grayslake, IL Gymnastics: Gurnee, IL Aquatic: Pleasant Prairie, WI/Grayslake, IL Home/Dayschool 847-548-3458 www.therapeuticlinks.com

<u>Consent to receive face to face therapy services in all locations</u> <u>during IL re--opening phase of COVID-19 pandemic</u>

This document is to outline the requirements for eligible services provided by Therapeutic Links (TL) staff during the current IL re-opening phases of the COVID-19 pandemic, as well as to outline potential risks for face to face services.

Terms of Agreement. Parent(s)/Guardians(s) agree to the following:

 To accurately answer the questions on the TL COVID-19 Risk Assessment before the start of each session

• To provide daily accurate information about the status of being exposed to someone with the novel coronavirus, otherwise known as COVID-19

• To provide daily accurate information about the status of all members of the household, regarding showing any signs of COVID-19, as outlined by the CDC (e.g. fever, cough, runny nose, difficulty breathing, chest pains)

 Take a daily temperature of everyone in the household and immediately notify staff if someone has a temperature of 100.4 or higher.

• All members of the household will abide by IL phase re-opening.

- All members of the household will abide by the current IL mandate of any person of 2 y/o or older to wear masks while out in public, while being treated in the home or outside as well as while on TL premises. (Clients unable to wear masks must be addressed with TL staff before the session)

• All members of the household, will refrain from social gatherings that are against the current IL phase reopening guidelines.

• All members of the household agree to wash hands frequently (following CDC guidance on handwashing)

• All members of the household agree to use social distancing of 6 ft, while interacting withTL

staff and personnel.

-With return to aquatic therapy, all members of the household as well as TL staff will abide by the rules and policies conducted at the rental pool locations.

TL staff agree to follow these same terms in addition to wearing PPE (personal protective equipment) while participating in client care. Clients will be immediately notified should the status of TL's staff change and potential exposure information will be shared with the Client, while maintaining required confidentiality.

The following events render TL unable to provide services:

- Client refusal or lack of adherence to any of the guidelines listed above.
- Any member of the household coming into contact with a confirmed case of COVID-19.

• Any member of the household showing signs of COVID-19, as outlined by the CDC, such as cough, shortness of breath, runny nose, sneezing, respiratory illness.

• Any member of the household that has a fever or 100.4 or higher.

• Any member of the household having a confirmed case of COVID-19

• TL will follow the CDC's guidelines for resuming services if any member of the household is travelling internationally within the past 14 days.

•TL's standard of practice has been and continues to be if a client is showing signs and symptoms of being ill, we will discontinue treatment immediately.

•TL's staff have the right to cancel services in the event the client is presenting signs or symptoms of illness.

 TL's staff have the right to cancel services based on the results of the TL COVID-19 Risk Assessment.

-TL staff has the personal right to not conduct in home services due to potential increased risk of infection. In this event, the staff member has the right to see the client outdoors of the home, see the client in the clinic or conduct telehealth services. If this is not available, TL will attempt to reschedule dependent upon availability.

Client's Name

Date of Birth

I, the parent/guardian, of the above named client, agree to the terms in this agreement.

Signat	ture
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Updated on 6/23/2020. For use of any face to face services rendered by TL staff

Date