



"Now We're Talking"  
Pediatric Therapy, Inc.

# COVID-19 Phase 2 Safety Protocol

**IF ANYONE IN YOUR FAMILY IS SICK, HAS BEEN EXPOSED TO OTHERS WHO ARE SICK OR HAVE RECENTLY TRAVELED TO A COVID-19 HOTSPOT CANCEL AND RESCHEDULE YOUR THERAPY APPOINTMENT.**

## OFFICE PROTOCOL

1. There will be no waiting in the waiting room, you may come in to pay a bill or drop off paperwork.
2. Your clinician will meet you and your child at the office door or at your car at the beginning of your scheduled therapy time.
3. Your clinician will be wearing a facemask.
4. Your clinician will bring your child to the front door or your car at the end of each session.
5. If you would like to be a part of the therapy session, we can allow 1 adult in per child. You will need to bring and wear your own face mask.
6. Your therapist will sanitize the room and all toys and equipment between each therapy session.

## HOME BASED PROTOCOL

1. Your clinician will arrive wearing a face mask.
2. We request that the adult in the room wear a mask. Therapists travel to multiple settings and see many children. We ask this out of a courtesy to protect other clients as well as the therapist's family to reduce the spread of any virus.
3. If possible, the amount of people in the room during therapy must be limited. We would prefer no siblings and only 1 adult.
4. Your clinician will bring a minimum number of objects into your home which will be sanitized before and after each therapy session. If you prefer, they do not bring anything in at all, please speak directly with your clinician.

Telehealth will continue to be an option as long as your insurance company will accept it.

## LIABILITY WAIVER

I (parent) \_\_\_\_\_, the parent of (child's name) \_\_\_\_\_, agree to

follow the above protocol during our scheduled therapy session. I understand that "Now We're Talking" Pediatric Therapy, Inc. is taking all necessary health precautions and is not to be held responsible if anyone in my family becomes ill.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I (Clinician) \_\_\_\_\_, agree to follow the above protocol for all therapy sessions.

I understand that (family name) \_\_\_\_\_ is taking all necessary health precautions and is not to be held responsible if I become sick.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_