

COVID-19 Policies & Procedures

Russell Fox, Certified SHEN Therapist

All clients are asked to review my **COVID-19 Policies & Procedures** and then confirm their understanding by signing the provided **Client COVID-19 Policy Agreement** before initiating SHEN Therapy sessions.

For the safety of our clients and therapists, my office is operating in compliance with guidelines from The Center for Disease Control (CDC) and authorized state and local health agencies. These policies and procedures include the following:

- The treatment room will be cleaned between client sessions. This includes sanitizing all surfaces the therapist or client might have come in contact with. Likewise, all table coverings, pillowcases and towels will be replaced with freshly laundered linens.
- If required by state or local health authorities, you and your therapist will wear face masks during sessions. A disposable one will be provided, if needed.
- As an additional layer of protection for both of us, in the treatment area I will be using an Air & Surface Pro with ActivePure. This nature-based NASA technology has been proven to kill COVID-19 and is used on the international space station. It purifies not only the air, but all surfaces as well, sanitizing them of viruses, bacteria, molds and other pathogens.
- For the duration of this pandemic, all first-time clients will be asked to fill out a brief four-question **COVID-19 Pre-Session Questionnaire**. As an ongoing safety measure these same questions will be asked prior to each subsequent session. An example is included below.
- Hand sanitizer and paper towels will be available at all times.
- Finally, please provide your own bottled water during your time at this office.

Transmission, Symptoms & Your Response:

Currently, the CDC states that the COVID-19 virus is most commonly spread via airborne atomized droplets. Therefore, transmission is possible by:

- * Coming into close contact with someone who has the virus and is actively coughing, sneezing or even talking within close proximity to others;
- * Touching surfaces that someone who has the virus has coughed or sneezed on, and then bringing your unwashed hands to your face, eyes, nose or mouth.

(Continued...)

(COVID-19 Policies & Procedures continued...)

The CDC regularly updates details on the symptoms of COVID-19. At present, these include fever, cough, shortness of breath, sore throat or a runny nose. If you are feeling unwell or are displaying any of the identified symptoms, please inform your SHEN provider, and do not schedule or attend any therapy sessions until you have been free of COVID-19 symptoms for a minimum of two weeks.

While you are actively experiencing any COVID-like symptoms, please follow CDC guidelines which include staying at home and self-isolating, and as necessary, consulting directly with your medical provider.

Because current information suggests that it can take up to 14 days for symptoms to appear following exposure, this office has initiated the procedures described above to limit the risk of COVID-19 virus transmission.

Thank you for your understanding as we all navigate this challenging situation. I look forward to serving and working with you whether in my office, via video appointments or on the phone.

Russell Fox, CST
SHENTherapyNow@gmail.com
520.666.5251 (Voice Mail)

Client COVID-19 Policy Agreement

Russell Fox, Certified SHEN Therapist

Client's Name: Print: _____

Client's Address: Street: _____

City: _____ State: _____ Zip: _____

1. I understand that even though strict anti-viral procedures are being followed, there is a risk of transmission of COVID-19 as a result of my attending a therapy session.

- Yes, I understand.
 No, I do not understand.
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2. I agree that this office and my SHEN Therapist Ayleyaell Kinder will not be held responsible for the transmission of COVID-19 should I become infected.

- Yes, I agree.
 No, I do not agree.
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3. I understand that if this office is contacted by a COVID-19 Contact Tracing Team, my contact information and appointment dates will be made available to that team. However, details of my therapeutic work will not be shared and will remain fully confidential.

- Yes, I understand and accept this.
 No, I do not accept this.
-

4. I have read, understand and accept the **COVID-19 Policies & Procedures** of the SHEN office of Ayleyaell Kinder, CST.

- Yes, I do.
 No, I do not.

Signed: _____ Date: _____

COVID-19 Client Pre-Session Questionnaire

Russell Fox, Certified SHEN Therapist

1. Do you suspect that you have the coronavirus, otherwise known as COVID-19?

Yes

No

2. Are you experiencing any of these symptoms: fever, cough, shortness of breath, sore throat or a runny nose?

Yes *Specify:* _____.

No

3. Within the last 14 days have you been in close contact with anyone you think or know has coronavirus?

Yes

No

4. Have you been out of the country or in a COVID 'hot spot' in the past 14 days?

Yes

No

Signature: _____

Date: _____