Dynamic THERAPIES℠
Occupational Therapy
Physical Therapy
Speech Therapy

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PATIENT-VISITOR ACKNOWLEDGMENT OF PROTOCOLS FOR COVID-19 OPERATIONS

Patient Name: _____

Accompanying visitor(s): _____

Appointment date: _____

In an effort to protect the health and safety of its patients, visitors and staff during the COVID-19 Pandemic ("the Pandemic"), and to ensure compliance with controlling federal, state and local authorities, Dynamic Therapies has instituted protocols for cleaning, source control and social distancing, some of the most significant points of which are summarized below. Attached hereto are copies of the following documents:

1. "Protocol for Social Distancing", Appendix A to LADPH Order; and
2. Custom attachments (additional measures voluntarily undertaken by DT) to Appendix A to LADPH Order.

All patients, visitors and staff are required to observe and comply with these protocols at all times while on Dynamic Therapies' premises. The protocols will be *strictly* adhered to and enforced.

As set forth in the protocols, cleaning and disinfection of the offices and equipment will be conducted on an ongoing basis by DT, and DT staff will be wearing all necessary Personal Protective Equipment ("PPE") and social distancing, except when necessary to render therapy services to patients. DT will be doing everything possible to ensure that you and your child enter a safe, contamination-free space during your child's scheduled appointment. But stopping the spread of COVID-19 also requires *your* help.

KNOW BEFORE YOU GO

When visiting the clinic, all patients and visitors (except those under the age of two (2) and those with breathing difficulties) must wear a "face covering" at all times. **Face coverings will not be provided by Dynamic Therapies.** All patients or visitors between the ages of two (2) and eight (8) using a face covering must do so under adult supervision to ensure that the child can breathe safely and avoid choking or suffocation. A face covering is a material that covers the nose and mouth and can be secured to the head with ties or straps or simply wrapped around the lower face. It can be made of a variety of materials, and can be factory-made, hand-sewn or improvised. Acceptable face covering options include bandanas, neck gaiters, scarfs, or other tightly woven fabrics (such as cotton t-shirts and some types of towels), as well as N95 respirator or surgical masks.

In addition to donning face coverings (except where exempted), all patients and visitors must practice social distancing by remaining together in their distinct family unit and maintain a physical distance from others of at least six (6) feet. Therapists will, at times, approach and interact with your child within six feet and will, in those instances, be wearing all necessary PPE and limiting the interaction to that which is necessary to conduct the therapy services. It is imperative that visitors accompanying the child maintain social distance from the therapists, and others, at all times.

Prior to the day of your child's appointment, DT will reach out to you to make any necessary payment arrangements, to address any concerns and answer any questions you may have, and ensure that you have been provided this agreement and the attached protocols. DT asks that you sign and return (via e-mail if possible) this completed and signed form to DT *before* the day of your appointment.

THE DAY OF YOUR APPOINTMENT

Prior to, and after, each therapy appointment, visitors will be required to wear a face covering wherever required and practice proper hand hygiene. DT staff will similarly do so. Once inside the clinic, it is imperative that visitors follow all DT staff instructions, follow all posted signs, and continue use face coverings and maintain social distance for the duration of their visit. Physical contact will be limited to rendering of therapy to the child, and then only to the extent necessary to render therapy in the professional judgment of the therapist. It is especially important, more so now than before, that parents strictly supervise their child when not being treated directly by a therapist. Parent must be willing to be fully engaged and responsible for their child at all times. This includes avoiding touching others and limiting physical contact of exposed skin, particularly hands, with surfaces inside the clinic. In the event that such physical touching does occur, immediate hand hygiene in accordance with DT's Hand Hygiene Protocol for Everyone is recommended. No outside toys are permitted. No stuffed animals or other difficult-to-clean items will be used.

The DT staff member will either (i) ask you to exit the vehicle and enter the clinic with them or (ii) wait in your vehicle until called in by DT staff.

To ensure the health and safety of all, any symptomatic or otherwise compromised patients and accompanying visitor(s) will be denied entry to the clinic and will be kindly asked to reschedule, and can be seen once symptom-free for three (3) full days without taking any cough medicine, antipyretic, or cold relief medicine. The foregoing procedure will need to be completed once again upon seeking admission for the rescheduled appointment.

Hand hygiene products are provided free of charge throughout the clinic. Prior to, and after, each therapy appointment, you will be required to practice proper hand hygiene. Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat. Two primary methods exist for hand hygiene: alcohol-based hand sanitizer and washing with soap and water. Whenever possible, alcohol-based hand sanitizer should be used over soap and water handwashing, as it is the most effective product for reducing the number of germs on the hands. Hand hygiene, regardless of the method chosen, must be performed at the following times:

- Before arriving at the clinic.
- After using the restroom.
- After coming into direct skin-to-surface contact with any high-contact surface, including counters, door knobs or handles, commonly used or shared equipment, tools, devices, mats, etc....
- Before each therapy appointment.
- After each therapy appointment.
- Before leaving the clinic.

Alcohol-based hand sanitizer protocol

When using alcohol-based hand sanitizer, put the product on your hands and rub the hands together, covering all surfaces until your hands feel dry. This should take around 20 seconds total.

Soap and water handwashing protocol

When cleaning your hands with soap and water, wet your hands first with warm water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously into a lather for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use the towel to turn off the faucet and discard the towel.

Once inside the clinic, it is imperative that you and your child follow all DT staff instructions, follow all posted signs, and continue use of PPE and social distance for the duration of your visit. It is especially important, more so now than before, that you strictly supervise your child when not being treated directly by a therapist. This includes avoiding touching others and limiting physical contact of exposed skin, particularly hands, with surfaces inside the clinic. In the event that such physical touching does occur, you are requested to immediately utilize the available hand sanitizer, or soap and water, to disinfect your hands or that of your child.

CONSENT TO WELLNESS CHECK, AGREEMENT TO REPORT POSITIVE COVID-19 TEST, AUTHORIZATION OF INTERNAL DISCLOSURE FOR CONTACT TRACING

I have read, understood, and agree to abide Dynamic Therapies' the procedures described in this Acknowledgement and the Attachment to the Social Distancing Protocol (Appendix A) that Dynamic Therapies has implemented to comply with the L.A. County Department of Public Health's Order for Reopening Safer at Work and in the Community for Control of COVID-19, issued June 18, 2020 (the "**Public Health Order**") pursuant to California Health and Safety Code § 120295, and Los Angeles County Code § 11.02.080.

If my child will be receiving treatment in person at the clinic while the Public Health Order remains in force, as part of Dynamic Therapies' protocols to protect its staff, clients, and visitors, I understand and agree that I and my child will be screened for symptoms of COVID-19, that our temperatures will be taken, and that this information will be recorded for the protection of Dynamic Therapies' staff and clients; and I agree further that I will report any medical diagnosis or positive

results on test(s) that I may receive for the SARS-CoV-2 coronavirus (the "**Virus**") that causes COVID-19 it such diagnosis or test(s):

a. Occurred within two (2) days of a prior in-person treatment session at the clinic; or
b. Was given or taken in response to symptoms that manifested within two (2) days of a prior in-person treatment session at the clinic.

I understand that the Health Insurance Portability and Accountability Act and other privacy laws prohibit disclosure of certain medical/health information. In the interest of protecting my health as well as the health of my child, Dynamic Therapies' staff and others with whom I may have contact at the clinic, nevertheless, I authorize Dynamic Therapies to disclose to Dynamic Therapies' staff and clients, parents, or visitors who I may encountered at the clinic, that I or my child have tested positive for the Virus or that I have been exposed to the Virus by being in close contact with someone who is confirmed or suspected to be infected.

In disclosing any information that I may report, Dynamic Therapies will take reasonable measures to keep my name and identity confidential to the extent possible, though I recognize that circumstances may require identifying me as the infected or exposed individual in order to properly warn others so that they may take precautionary measures and help prevent further spread of the Virus. I also recognize that there are times when, even if my identity is not specifically disclosed, it is not possible to inform others of their potential exposure to the Virus without them learning or inferring that the exposure was through me or my child. I understand that unless mandated by law, such as the order of a court, public health officer, or other governmental authority with jurisdiction, Dynamic Therapies will hold COVID-19 related information that I report in confidence and will not disclose it for any other purpose than to conduct internal contact tracing and protect the health and safety of persons who were or may have been exposed to the Virus in connection with my in person treatment at the clinic. I agree that if I am informed of the identity of Dynamic Therapies staff, clients, parents or other visitors who may have been exposed to the Virus, I will likewise hold such information in confidence and will not disclose it except to protect the health and safety of myself and others who may have come into contact with the Virus through me or the person(s) whose identity are disclosed to me, or as required by law.

This authorization expires upon the later of January 1, 2021 or the lifting of the COVID-19 public health emergencies in Los Angeles County and the State of California, after which Dynamic Therapies will no longer be authorized to disclose this information.

The undersigned parent or legal guardian of the above-named patient hereby acknowledges and agrees that he/she (i) has received and read this form, and has had an opportunity to read the attached protocols and In-Person Patient and Visitor Screening Form and (ii) will observe and comply, and provide supervision so as to ensure that the Patient and any accompanying visitor(s) observe and comply, with the protocols, including face coverings (except where exempted) and social distancing.

If you have any questions or concerns about any of the foregoing, you may contact office manager Sheyla Melendez.

Patient / Legal Guardian's Signature: _____

Date of Completion: _____