

COVID-19 Precautionary Service Agreement

Due to health and safety concerns and precautionary measures issued by the state of Colorado to prevent the spread of COVID-19, the following document must be agreed upon by participants receiving services by Creative Connections.

Service Options	
l	, consent to therapeutic services provided by
Creative	Connections via:
<u> </u>	elehealth: Acceptable formats include zoom, google meets, facetime or telephone.
By checl	king this option, I consent to telehealth services to be provided on a regular and
consiste	nt basis or when necessary due to changing conditions and state orders based on
COVID-1	9 orders.
lr	n-person: Acceptable formats include participant home or community locations.

By checking this option, I consent to in person services and agree to the following conditions and provisions of this service:

- I will notify a Creative Connections representative if I or any person in my household has been exposed to a COVID positive person or presumed COVID positive person.
- I will cancel sessions if I or any member of my household is experiencing any COVID symptoms (fever, vomiting, diarrhea, loss of taste or smell, sore throat, headache, body aches or chills, cough, shortness of breath).
- I will maintain clean conditions within my home such as disinfecting commonly accessed locations and surfaces prior to therapy.
- I will wear a mask during sessions. If I or my child is unable to wear a mask, I will request additional safety precautions by my therapist.
- I will cancel sessions due to self-quarantine or required quarantine (educational or employer).
- Cancelled in-person sessions can be transferred to a telehealth session if requested.