



Serving Southwest Iowa
Therapy, Groups, Assessments
PCIT, EMDR, Psychiatric Services
Team Meetings, Aftercare Program
www.therapyplaceinc.com

Email: office@therapyplaceinc.com
Mailing Address: P.O. Box #1
Panama Iowa, 51562
Offices In: Atlantic, Council Bluffs, and
Waterloo

Covid-19 Policy for Clients at Therapy Place, Inc.

Keeping employees, TPI Staff, and visitors safe and secure is a top priority at TPI. It is an inherent risk of exposure to Covid-19 in any public place where people are present. You voluntarily assume all risks related to Covid-19. We are closely monitoring the Covid-19 outbreak and are taking measures to help reduce the potential exposure risk to our staff and clients. We are following the updates from the CDC and public health officials. We will put safety measures into place when we reopen. We will reopen in stages and will keep our clients informed. Our staff will return to the office when they feel comfortable to do so. Our tentative reopen date is 6/29/20 with these measures in place. We will keep everyone notified on our website.

Date:

Name:

Who do you see at TPI:

Please inform us if you:

1. Have you been out of the country in the last 14 days? YES NO
2. Have you been out of the state in the last 14 days? YES NO
3. Have been in contact with anyone who has been out of the country within the last 14 days?
YES NO
4. Have been in close contact with anyone who has been out of the state within the last 14 days?
YES NO
5. Have been in close contact with someone diagnosed with COVID-19 and/or experienced flu like symptoms within the last 14 days? YES NO
6. Have you experienced any cold or flu-like symptoms within the last 14 days (including fever, cough, sore throat, respiratory illness, or difficulty breathing) YES NO
7. Have you participated in an activity with more than 10 people in the last 14 days? YES NO
8. Do you wear a mask when you go out in public? YES NO
9. Do you practice social distancing when you go out in public? YES NO

If the answer is “yes” to any of the above questions – #1 thru #7, access to our office will be denied until you make arrangements with your provider and/or support staff. In addition, you also agree to notify your clinician or SSA in the future of any changes with the questions above.

NOTE: Our SSA’s will advise our aftercare clients and will review this consent with them. All SSA’s will determine their course of action with meeting their clients individually. DHS has determined that SSA’s will see their clients face to face effective 6/01/20. SSA’s can get sanitizers and masks from our offices for their use.



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TPI will do the following when reopening:

- TPI will reopen when we are assured of having in place all cleaning products to sanitize our areas. This includes Kleenex, paper towels, soap, disinfectant and hand sanitizer.
- All TPI staff will have sanitizer and masks available to them for their individual office areas.
- Masks will be available for clients to wear when they are in the building per their provider request at the first session returning to the building. After the initial session in the office when we reopen, we request that clients obtain a mask to wear at any subsequent appointments.
- Staff will sanitize their offices, common areas such as the bathrooms and outside doors between all appointments and at the end of each day. This includes all surfaces.
- With the initial reopening, our waiting rooms are closed and our kitchen area in Atlantic area will only be available to TPI staff.
- When arriving for your appointment, clients will call 712-254-9018 and/or their clinician that they have arrived for the appointment. Please wait in your car until you hear back from the support staff and/or clinician to enter the building for your appointment.
- We will ask that you take your temperature before you come to our office. Reschedule if you have a temperature of 100.4 or higher. This is the CDC recommendation.
- You do have the option to utilize telehealth sessions thru June 2020 instead of coming into the office.
- If we do have an incident of Covid-19, we have your permission to let public health know for contact tracing purposes only.

We ask that you sign this document after reading. Please ask questions for clarification. A copy of this consent is available upon request. In addition, this document will also be available on our website at www.therapyplaceinc.com Thank you for your co-operation.

Signature:

Date: