



Dear Boston NeuroDynamics Community,

Below are the precautions related to COVID-19 that we are taking to protect you (and us) during this challenging time. We are asking everyone coming into the office to familiarize themselves with these precautions and sign below. We thank you in advance for helping keep us all safe!

Client Responsibilities:

- **If you have been actively ill with a fever or persistent cough or any symptoms related to COVID-19, please do not come into the office until you have been cleared by a doctor.** We are waiving the late cancellation fee due to COVID-19 concerns for yourself or if you are taking care of someone else.
- **If you have been out of state, in contact with anyone who has recently been exposed to or tested positive for COVID-19, or attended a gathering of 25 or more people who have not been wearing masks and social distancing, please do not come into the office until you either show proof of vaccination or receive a negative COVID-19 test (in Boston if traveling).**
- **Please arrive at your scheduled time.** While we always appreciate punctuality, it is important that we start and end our sessions on-time to give us a chance to clean in between clients.
- **Wear a Mask.** We are asking everyone to continue to wear a mask inside the building, the Boston NeuroDynamics office, and throughout your entire session, regardless of whether you are vaccinated or not.
- **Make sure to wash or sanitize your hands before entering our office.** We will have hand sanitizer available for your convenience.
- **The building administration requires only one person in the bathroom at the time.** If the bathroom is occupied, please wait outside while keeping social distancing.

Boston NeuroDynamics Responsibilities:

- **We will be cleaning the office constantly.** This will include disinfecting the table, chair, equipment, door knobs, bathroom key and other high-touch surfaces.
- We will follow appropriate hand sanitizing procedures between each client.
- We will be wearing appropriate Personal Protective Equipment throughout the entire session.

Signature: _____

Date: _____