



4910 Jonesboro Road
Bldg. 200 STE 201
Union City, GA 30291
770-969-9334 (O); 770-969-9337(F)

Tuesday, July 2, 2020

RE: Notification of Return to Services Requirements for Participants and Consumers of
Jeremy's Place, Inc.

Dear _____

As you know, the COVID-19 Pandemic interrupted daily operations of our company. We are so excited to extend the opportunity to resume the provision of services and programs at Jeremy's Place, Inc. Our **tentative date** to resume operations and services is August 17, 2020. Should this date change due to any reason, we will let you know.

Please be assured that we are taking every effort to ensure that we have cleaned the facility, and that our staff is aware of health and safety protocols to prevent the transmission and reduce the risk of COVID-19. State laws and current health regulations require that we take certain precautions to eliminate the transmission of COVID-19; therefore, before receiving services at our facility or from one of our in-home health care workers, you must be aware of the following requirements:

1. No one with a fever or symptoms of COVID-19 will be permitted into the facility.
2. No one who has a laboratory confirmed COVID-19 infection will be permitted into the facility.
3. We will enforce social distancing and sanitation requirements while present in the facility.
4. If required, we will use face coverings for Participants, if necessary.
5. All Participants must be screened and provide COVID-19 test results to the Director prior to their entry into the facility and/or receipt of services.
6. All Participants or their legal representative must complete and submit the Participant Questionnaire attached to this letter to the Director. **-Due 08/07/20**
7. **All Participants or their legal representative must sign and submit the COVID-19 HIPPA Release Form and COVID-19 Waiver of Liability Form to the Director before they will permitted to participate in programs and/or receive services at our facility or by our in-home health care workers.**

So that we have adequate time to prepare for the return of our Participants, we respectfully request that you return all required documents to the Director, LaTeisha Jackson-Brown, at the office address above by FRIDAY August 8, 2020. We must have original blue ink signatures on HIPPA Release and COVID-19 Waiver of Liability Form. Should you have any questions, please feel free to contact our office at 770-969-9334.

Sincerely,

LaTeisha Jackson-Brown, Director



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PARTICIPANT RETURN QUESTIONNAIRE

Due to the nature of our business, we are required by state law and health and safety regulations to assess all program participants and consumers for COVID-19 illness or exposure prior to their return to our facility and receipt of services from our providers and professionals. Please answer the following questions and return the completed form to the office of the Director, Ms. LaTeisha Jackson-Brown, no later than FRIDAY, JULY 3, 2020.

1. Has the Participant or any member of the Participant's household been exposed to any person with COVID-19 or live in an area with local or widespread transmission?

Yes _____ No _____

2. In the last 90 days, have the Participant or any member of the Participant's household exhibited symptoms of respiratory infection (e.g. fever, cough, shortness of breath)?

Yes _____ No _____

3. Has the Participant received a COVID-19 test within the last 90 days?

Yes _____ No _____

4. Has the Participant or any member of the Participant's household received a diagnosis of COVID-19 infection?

Yes _____ No _____

5. Has the Participant or any member of the Participant's household been ordered by a healthcare professional to complete a home quarantine period due to suspected COVID-19 symptoms or potential exposure to COVID-19?

Yes _____ No _____

6. Is the Participant able to wear a face covering throughout the day, if necessary?

Yes _____ No _____

7. Is the Participant able to adhere to health and safety guidelines (i.e. hand washing, face covering) throughout the day?

Yes _____ No _____

If you would like to provide further explanation of any answer that you provided, you may use the space below:



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**PARTICIPANT
RELEASE AND WAIVER OF LIABILITY
FOR COVID-19 AND OTHER INFECTIOUS DISEASES
PLEASE READ THIS DOCUMENT CAREFULLY.**

In consideration of being allowed to participate in the programs and services of JEREMY'S PLACE, INC. (SERVICE PROVIDER), the undersigned Participant, by and through their legal guardian or power of attorney, if applicable, acknowledges, appreciates, and agrees that:

1. Participation and attendance of programs and the receipt of services includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of infection, serious illness and death does exist; and,
2. The Participant KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, both known and unknown, both present and future, EVEN IF ARISING FROM THE NEGLIGENCE OF THE SERVICE PROVIDER or others, and assume full responsibility for my participation and receipt of services from JEREMY'S PLACE, INC.; and,
3. The Participant willingly agrees to comply with the stated and customary terms and conditions for participation in the programs and services of JEREMY'S PLACE, INC., that will increase protection against infectious diseases; and,
4. I, for myself (the Participant) and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS and WAIVE ALL CLAIMS IN LAW AND / OR EQUITY against JEREMY'S PLACE, INC., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the service or program WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE SERVICE PROVIDER OR OTHERWISE, to the fullest extent permitted by law.

THE PARTICIPANT, OR THEIR LEGAL GUARDIAN OR POWER OF ATTORNEY, HAS READ AND UNDERSTANDS THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENTFULLY. THE FOREGOING RELEASE AND WAIVER WAS SIGNED FREELY AND VOLUNTARILY WITH OUT INDUCEMENT OR DURESS, AND SHALL BIND ALL PARTIES AS SET FORTH HEREIN SUCH THAT THE PARTICIPANT HAS ASSUMED ALL RISK OF PARTICIPATION IN THE PROGRAMS AND SERVICES OF JEREMY'S PLACE AND HAS AGREED TO WAIVE AND RELEASE ALL CLAIMS IN LAW AND/OR EQUITY THAT ARISE OUT OF ILLNESS, DISABILITY DEATH OR LOSS OF ANY KIND DUE TO INFECTIOUS DISEASES, INCLUDING BUT NOT LIMITED TO, COVID-19.



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[SIGNATURE PAGE FOLLOWING]

Name of Participant: _____

Participant Signature: _____

Witnessed this ____ day of _____ 2020.

Notary Public

My Commission Expires:

FOR PARTICIPANTS WITH A LEGAL GUARDIAN OR POWER OF ATTORNEY

This is to certify that I, as LEGAL GUARDIAN or POWER OF ATTORNEY, with legal responsibility for this Participant, have read and explained the provisions in this waiver/release to the Participant including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, the Participant understands and accepts these risks and responsibilities. I for myself, my spouse, and the Participant do consent and agree to his/her release provided above for JEREMY'S PLACE, Inc. and myself, my spouse, and the Participant do release and agree to indemnify and hold harmless JEREMY'S PLACE, INC. for any and all liabilities incident to the Participant's presence or participation in services and programs as provided above, EVEN IF ARISING FROM the SERVICE PROVIDER'S NEGLIGENCE, to the fullest extent provided by law.

Signature of the LEGAL GUARDIAN, or POWER OF ATTORNEY for Participant

Witnessed this ____ day of _____ 2020.

Notary Public

My Commission Expires: