



Infinity of Page Home Health Care, LLC. 862 A2 Vista Ave Page, Arizona 86040 928-645-6862

March 22, 2020

Dearest Infinity Client and Family Representatives,

At this time, I am reaching out to you because of the Covid-19 pandemic. As most of you may know and be experiencing, our communities are being ordered to “shelter-in-place”. We are asking all of our Non-Family employees to opt out and be with their families in isolation for the duration of the quarantine period. We understand that this may not be an option for some and so, we are willing to continue to provide service care; with the understanding and mutual agreement that there is an increased risk involved with making the decision to continue services. We are asking and stress the importance for family involvement during this state of emergency; by all family members to the clients we are serving. We feel at this time, it is in the client’s best interest to be surrounded with their own relatives and those they love for their support and care.

However, because there is the actualization that this may not be a feasible option for certain clients, we are needing to have all parties involved to sign a liability waiver to continue care. We would like to note that on March 16 our agency provided all employees with COVID-19 training materials and also conducted a webinar training on March 19, stressing the proper procedures and protocols to follow for reducing transmission while giving care during this crisis.

The Infinity family continues to strive to keep a safe & healthy environment for our clients and employees during this time, in order to continue services for your family member please fill out and scan return signed letter by email lynnetteadams@infinityofpage.org or fax 928-645-9089. Thank-you.

Sincerely, *Lynnette Adams*, CEO

I, _____ (client) and I, _____ (family representative) understands. I am agreeing at this time to continue with Infinity of Page Home Health Care, LLC to provide my essential home attendant care services without interruption, I understand there is an increased risk of exposure I will incur the risk. I also understand if an employee from the agency is not available I, as a family representative will resume the care of my relative during this emergency period of the Covid-19 pandemic.

Client

Date

Family Representative

Date