

Restorative Medical Massage Therapy

COVID-19 Policies, Patient Screening Notice and Liability Waiver

Client Name (Please Print Clearly): _____ **Date of Birth:** _____

Our Goal at Restorative Medical Massage Therapy is to provide a safe environment for our patients and staff, and to advance the safety of our local community. We ask you to acknowledge and understand the provided information regarding the COVID-19 virus and treatment.

If you are experiencing a fever, cough or sore throat, please reschedule your appointment for when you are no longer symptomatic. If you have been to a COVID-19 impacted area or have been in close contact with a person infected with COVID-19, we ask that you please reschedule your appointment for 14 days past the date of contact.

Our practice wants to ensure you are aware of the risks of contracting COVID-19 associated with massage therapy treatment. Our office is reducing the frequency and stepping out the timing of visits by other patients, to insure zero to minimal patient overlap and contact. Face masks are required by both patient and staff while in the office, this includes during treatment.

To proceed with receiving treatment, I confirm and understand the following (please initial in all places provided)

I understand that COVID-19 has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand that I am the decision maker for my health care. To the best of their ability, Restorative Medical Massage Therapy will provide me with information to assist me in making informed choices. This process is often referred to as "informed consent" and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult.

I understand that preventative measure and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because this work involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I hereby acknowledge and assume risk of becoming infected with COVID-19 through this treatment and give my express permission to you and the staff at Restorative Medical Massage Therapy to proceed with providing care.

I KNOWINGLY AND WILLINGLY CONSENT TO THE TREATMENT WITH FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING MASSAGE THERAPY CARE DURING THE COVID-19 PANDEMIC. I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION. I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO TREAT. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE. I HAVE ALSO HAD THE OPPURTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION TO RECEIVE MASSAGE THERAPY CARE AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM ALL PROVIDERS IN THIS OFFICE FOR MY PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S) FOR WHICH I SEEK CARE FROM THIS OFFICE.

Client Signature: _____

Date: _____

Parent or Guardian Signature (in case of a minor): _____

Date: _____