

HEALING THERAPIES

COVID-19 SCREENING, INFORMED CONSENT, AND LIABILITY FORM

Due to the ongoing pandemic of the novel Coronavirus, COVID-19, I am taking extra precautions including temperature checks, mandatory masks for all clients and myself, and sanitation and disinfecting practices between every client. However, I cannot guarantee that you will not become infected with COVID-19 and visiting my establishment could increase that risk. Because COVID-19 is still an emerging pathogen, its long-term effects and risks are not fully known. In particular, I am concerned by the data indicating increased risk of clotting, as any physical manipulation including massage carries a risk of dislodging a blood clot which may travel to an organ and cause stroke or embolism. Getting a massage is a medium risk activity. If you are part of the vulnerable population who are at a higher risk for severe complications with COVID-19 including those who are 65 years or older or have these underlying health conditions - chronic lung disease, moderate to severe asthma, heart conditions, compromised or suppressed immunity, severe obesity (body mass index of 40 or higher), diabetes, chronic kidney disease, liver disease - you may need/want to delay scheduling a massage until treatment and/or vaccination are available. Additionally, if someone you have close contact with is at high risk for complications due to COVID-19, you may wish to refrain from massage therapy for now. Please consider these risks before scheduling your appointment.

I ask that you prepare for your visit with the same care and consideration as you would before visiting a cherished grandparent: the next client I see may very well be one! If you have any sign of illness please reschedule your appointment with as much notice as possible. I will be checking temperature on arrival, and if you have a temperature, cough, or any other symptom I WILL deny service. Please do not put me in that position. I am operating with limited availability and I cannot replace your appointment with another if I don't have sufficient notice. I also ask that if you have not been able to practice proper distancing for at least two weeks or have engaged in any behavior that puts you at high risk for contact, that you delay scheduling your appointment.

Some of my procedures and policies have changed, and certain services and equipment may not be available. This form **MUST** be filled out **BEFORE EVERY** appointment. Please arrive at least 5 minutes early to accommodate the new screening procedures. If you arrive late your session length will be reduced accordingly. If you have not filled out your paperwork in advance, your appointment may be rescheduled. During your visit, I ask that you keep conversation to a minimum to avoid unnecessary respiratory droplets in the air. If you have complex concerns that require extensive discussion, please contact me in advance so that we can discuss these. Please bring your own water if needed, but otherwise leave all unnecessary belongings in your car. If you need special accommodations in terms of positioning or equipment (ex: extra bolstering) please contact me in advance so that I can prepare.

When you arrive, please text me from your car, and I will text you as soon as I am ready for you to come in. I will unlock and open the door for you.

Thank you for your help and consideration! I look forward to seeing you.

First Name _____

Last Name _____

Phone Number _____

Do you now, or have you recently had, any of the following symptoms?

- Fever
- Cough
- Sore throat
- Chills or shaking with chills
- Shortness of breath/difficulty breathing
- Loss of smell or taste
- Unusual fatigue
- Muscle ache
- Headache
- Vomiting or diarrhea
- New rashes or lesions
- Other symptoms of flu/cold
- Other – please list

Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms?

- Yes
- No

For the last 14 days, have you been able to maintain social distancing?

- Yes
- No

If you have been tested for COVID-19, flu, or other respiratory illness in the last 6 months, please list type and results.

If I develop any possible symptom of COVID-19 as listed above, or have close contact with anyone showing these symptoms within 14 days of my appointment, I agree to contact Lindsey so that my appointment can be rescheduled.

- I agree

I understand that if I arrive for my appointment with any possible symptom of COVID-19, I will be refused service. I agree to comply with all screening and safety precautions required by Healing Therapies, including wearing a properly fitted mask over my mouth and nose for the entire duration of my visit.

- I agree

In the event that I develop symptoms or test positive for COVID-19 within 14 days after my appointment, I agree to contact Lindsey to assist in contact tracing and quarantine efforts.

I agree

I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.

I agree

Cancellations are permitted without penalty up to 12 hours before the scheduled start time. In the event that I develop symptoms of COVID-19 within this 12 hour period, cancellation fees may be waived, but only if I provide notice as soon as reasonably possible. No-shows and cancellations within the 12 hour period will be charged 50% of the non-discounted service price. I agree to pay all cancellation fees in accordance with Healing Therapies policy.

I agree

I understand that, because massage therapy involves touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, and I give my consent to receive treatment at Healing Therapies.

I agree

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by visiting Healing Therapies and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Healing Therapies may result from the actions, omissions, or negligence of myself and others, including, but not limited to, massage therapists and families, other clients, and renters. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my visit to Healing Therapies ("Claims"). I hereby release, covenant not to sue, discharge, and hold harmless Healing Therapies, Lindsey Maxwell-Gaines, The Healing Arts Center, its renters, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions or omissions of Healing Therapies, Lindsey Maxwell-Gaines, The Healing Arts Center, its renters, agents, and representatives, whether a COVID-19 infection occurs before, during, or after a visit to Healing Therapies.

I agree

Typing my name below serves as a signature and certifies my understanding of and agreement with the above policies.

_____ Date _____