

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about resumption of in-person services during the COVID-19 public health crisis. Please read the information below carefully and let us know if you have any questions. You will need to agree and sign this document before obtaining services from us.

Decision to Meet In Person

As permitted by public health agencies, we have agreed to resume in-person health care services. If there is a resurgence of the Covid-19 pandemic or if other health emergencies arise, we may postpone and reschedule in-person services.

Health Risks of In-Person Services

You understand that by coming to our office, you are assuming the risk of exposure to the coronavirus or to other public health risks. These risks increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Limit Your Exposure to Health Risks

To obtain our health care services, you agree to take certain precautions which will help keep everyone safer from exposure to viruses and serious illness. If you do not follow the following safety standards, we may not provide you with services. Please initial each standard below to show that you understand and agree to follow the requirement:

1. You will only keep your in-person appointment if you have had no symptoms of illness from the coronavirus in the past 72 hours. _____
2. You will take your temperature before coming to each appointment. If your temperature is 100 Fahrenheit or more, or if you have other symptoms of the coronavirus, you agree to cancel the appointment. If you cancel for this reason, we won't charge you our normal cancellation fee. _____
3. You will come directly from your home to our office, not doing errands prior to your appointment.
4. You will wait in your car or outside until your therapist signals you to come in. Please arrive no earlier than 5 minutes before your appointment. _____
5. You will wash your hands when you enter the building. _____
6. You will follow the safe distancing precautions we have set up in the waiting room and hallways. You will keep a distance of 6 feet (except while receiving treatment) and there will be no unnecessary physical contact (e.g. no shaking hands) with us or other visitors in our office _____
7. You will wear a mask in all areas of the office (we will too). If you do not have a mask we can provide one. _____
8. You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. _____

- 9. You will take steps between appointments to minimize your exposure to COVID. _____
- 10. If you have a job that exposes you to other people who are infected, you will immediately let us know. _____
- 11. If your commute or engage in other activities that put you in close contact with others (beyond your family), you will let us know. _____
- 12. If someone at your home tests positive for the virus, you will immediately let us know. _____

We may change these safety guidelines as local, state or federal orders or guidelines change.

Our Commitment to Limit Spreading the Virus

Our practice has taken steps to reduce the risk of spreading the coronavirus within our office. Please let us know if you have questions about these efforts.

If You Are Sick

You understand that we are committed to keeping you and all of our families safe from the spread of the coronavirus. If you arrive for an appointment and we believe you have a fever or other virus symptoms, or we believe you have been exposed to the coronavirus, we will ask you to leave the office immediately. We will reschedule services as appropriate.

If someone in our office tests positive for the coronavirus, we will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, we may be required by law to notify local health departments that you have been to our office. If we must make a report, we will only provide the minimum information necessary for these requirements.

Informed Consent

This agreement is made in addition to any other general informed consent or business agreement that we made relating to our services. Your signature below shows that you agree to these terms and conditions.

Patient/Client

Date

Rosewater Craniosacral and Massage

Date