



COVID-19 Updated Policies, Client Intake and Consent Form

Due to COVID-19 concerns, I am requesting clients adhere to the following procedures:

- If you (or household member) are experiencing a fever, fatigue, dry cough or difficulty breathing, please re-schedule your appointment until no longer symptomatic for 14 days or until cleared by medical professional. If you have been in close contact with a person infected with COVID-19 or traveled to a “hot spot,” I ask that you please reschedule your appointment for at least 14 days past the date of contact.
- Clients who are not currently receiving a service will be asked to wait outside/step out in order to control the number of people within the office. (If someone needs to accompany a client for transportation, I ask that they wait outside the building/office if at all possible. Contact me ahead of time if accommodations need to be made.)
- To minimize extraneous contact with cards, cash or a common touchscreen, I am asking clients who are able to utilize electronic payment options (I am set up for Venmo and Zelle) or have cash/check payment prepared in advance in an envelope. I will still process cards if needed, but would like to reduce this when possible.
- I am requesting that clients wear face coverings when they arrive for their appointments and wash their hands right before the session. Additionally, clients should put personal belongings in the designated sanitized area and avoid contact with areas/surfaces other than those needed to conduct the treatment.
- In accordance with current recommendations to protect our more vulnerable populations, I am not working with clients with compromised immune systems or clients in other elevated at-risk categories without written release/prescription for massage from a medical doctor.

By signing this form:

_____ *I agree to adhere to the policies above to the best of my ability and disclose the health information requested above truthfully, even if that results in the need to reschedule the session.*

_____ *I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. I acknowledge that I am aware of the risks involved and give consent to receive massage and body-work from this practitioner and release the practitioner from any and all liability for the unintentional exposure or harm due to COVID-19.*

Printed Name

Signature

Date