

Consent for Treatment

To proceed with receiving care at Proactive Massage & Bodywork, LLC, I confirm and understand the following: (Initial in all places provided)

I understand that the novel Coronavirus (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. _____ (initial here)

I understand that I am the decision maker for my health care. To the best of their ability, my practitioner 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. _____(initial here)

Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult. _____ (initial here)

I understand that preventative measures 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 the risk of becoming infected with COVID-19 through this treatment and give my express permission to Proactive Massage & Bodywork, LLC, and any of its staff at your offices to proceed with providing care. _____ (initial here)

I have been offered a copy of this consent form. _____ (initial here)

I KNOWINGLY AND WILLINGLY CONSENT TO THE TREATMENT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING 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 UNDERSTAND THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE;

I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT;

BY SIGNING BELOW, I ACKNOWLEDGE THAT I UNDERSTAND THE RISKS ASSOCIATED WITH RECEIVING SERVICES PROVIDED BY PROACTIVE MASSAGE AND BODYWORK, LLC AND ITS STAFF; AND

THAT I AGREE TO RECEIVE SERVICES FROM BODYWORKS MASSAGE THERAPY, LLC AND ITS STAFF IN SPITE OF THOSE RISKS.

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 PROACTIVE MASSAGE AND BODYWORKS, LLC AND ITS STAFF.

Client Signature: _____ Date: _____

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