

Informed Consent for Treatment

To proceed with receiving care, 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 and through asymptomatic transmission. 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 there could be secondary known and unknown complications from COVID-19, including long-term issues. I understand that I may not be aware that I am or have been an asymptomatic carrier of COVID. I understand that if I have had diagnosed or undiagnosed (asymptomatic) Covid-19, I am at risk for some of these secondary complications, including, but not limited to, coagulopathy (blood clotting), both micro and macro, which could lead to deep venous thrombosis, pulmonary embolism, heart attack, stroke, and other vascular complications. **I understand that the various physical manipulations inherent in my receiving massage therapy could, in rare instances, trigger the onset of any of the foregoing secondary complications.** I understand and accept the risks of receiving massage therapy under these circumstances. _____

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. 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 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 you and the staff at your offices to proceed with providing care. _____

I have been offered a copy of this consent form. _____

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 appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive care deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from Lauren Swick LMT in this studio for my present conditions and for any future conditions for which I seek care from this studio.

Client Signature: _____ Date: _____

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