

## COVID-19 Informed Consent & Precautionary Liability Release Form

Due to the COVID-19 pandemic Bethany Bachmann LLC is taking extra precautions with the intake of each client and health history review. Bethany Bachmann LLC has adapted its procedures to follow all CDC and local health organizations guidelines and best practices for maintaining the safety of therapist and client. Please complete the following and sign below.

**Symptoms of COVID-19 include:** Fever, Sore Throat, Fatigue, Dry Cough, Difficulty Breathing, Loss of Taste or Smell, Runny Nose, Head or Body Aches, Nausea, Vomiting, Diarrhea

I, \_\_\_\_\_ agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I understand that Bethany Bachmann LLC and any of its affiliates or agents cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.
- I understand that, because bodywork 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 give my consent to receive craniosacral therapy sessions.
- Massage practitioners are not authorized to share the health data of their clients without the client's written consent. However, if there has been someone in my office who has developed symptoms of COVID-19 within two weeks of your visit, I will need to contact the local Health Department for consultation and guidance.
- I ask that you assess your own risk and follow the recommended guidelines to ensure your own safety. If you have any doubts please contact your Health Care Provider to talk over safety before receiving craniosacral therapy sessions.

By signing below I agree to each above statement and release Bethany Bachmann LLC and its affiliates or agents from any and all liability for the unintentional exposure or harm due to COVID-19.

Bethany Bachmann LLC agrees that they abide by the same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_