Molly Longcope – Massage, Skin Care & Reiki

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**Consent for Treatment and Assumption of Risk**

As a condition of receiving massage therapy services from Molly Massage, Skin Care, & Reiki, I confirm my understanding of and agreement to each of 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. \_\_\_\_\_\_\_\_\_\_\_\_

I understand that, to the best of her or his ability, my massage therapy practitioner will provide me with information to assist me in making informed choices regarding the receipt of massage therapy services, but that I am the sole decision maker for all matters related to my healthcare and personal health. 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 receiving massage therapy services during a pandemic. Given the current limitations of COVID-19 virus testing, I understand that determining who is infected with COVID-19 is exceptionally difficult. I assume these risks and I understand that it is my responsibility to consult with my physician as to the appropriateness of massage therapy services in light of my personal risk factors or any underlying health conditions. \_\_\_\_\_\_\_\_\_\_\_\_

I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented in a variety of industries. However, even with these protocols, because massage therapy 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 full risk of becoming infected with COVID-19 through this massage therapy treatment and give my express permission to you and the staff at your offices to proceed with providing massage therapy services. \_\_\_\_\_\_\_\_\_\_\_\_

I understand that the staff at this office are required to abide by state rules and guidelines for massage therapy while working, but that staff **cannot** be required to abide by those same guidelines outside of work. Further, I understand that you have no control over the other business owners or their staff who may share the common areas or occupy other offices within this building. I hereby acknowledge that staff and other individuals I encounter at the premises can be expected to have outside contact with members of the public which may include but not be limited to: other family members who reside in their household who may also work in close contact with members of the public, close personal friends, children, family that does not reside in the home, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I assume all risks of receiving massage therapy services during a global pandemic, INCLUDING THE RISK OF BEING INFECTED WITH COVID-19, and I understand that it is my sole responsibility to consult with my physician regarding the appropriateness of receiving massage therapy services, taking into account any risk factors or underlying conditions I may have.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO RECEIVE MASSAGE THERAPY SERVICESI HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION.

I KNOWINGLY AND WILLINGLY CONSENT TO RECEIVING THE MASSAGE THERAPY SERVICES WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING SUCH SERVICES DURING THE COVID-19 PANDEMIC, AND EXPRESSLY AGREE TO ASSUME THOSE RISKS. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM ALL PROVIDERS IN THIS OFFICE AT THIS VISIT OR ANY FUTURE VISIT.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

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