

# HARMONIOUS TOUCH

## TAWNY MORENO, LMT

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### 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. 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 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 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 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 as is deemed appropriate for my circumstance. 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 this office.

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. BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I AM AWARE OF THE RISKS INVOLVED FROM RECEIVING TREATMENT AT THIS TIME, I VOLUNTARILY AGREE TO ASSUME THOSE RISKS AND I RELEASE AND HOLD HARMLESS THE PRACTITIONER/BUSINESS FROM ANY CLAIMS RELATED THERETO. I GIVE MY CONSENT TO RECEIVE TREATMENT FROM ANY PRACTITIONER WITH HARMONIOUS TOUCH.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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