**INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS**

This document contains vital information about our decision (yours and mine) to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

**Decision to Meet Face-to-Face**

We have agreed to meet in person for sessions. If a resurgence of the pandemic or if other health concerns arise, I may require that we meet via telehealth or Remote/ Distant Healing session only. If you have concerns about meeting through telehealth, Remote/ Distant Healing, we will talk about it first and try to address any issues. You understand that, if it is necessary, I may determine that we implement remote style sessions for everyone’s well-being.

**Your Responsibility to Minimize Exposure**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, and other clients) safer from exposure. If you do not adhere to these safeguards, it may result in our starting telehealth or remote style sessions. Initial each to indicate that you understand and agree to these actions:

* You will only keep your in-person appointment if you are symptom free.
* You will take your temperature before coming to each appointment. If elevated (100° Fahrenheit or more), or if you have other symptoms of the corona virus, you agree to cancel the appointment and discuss using telehealth/ remote sessions. If you wish to cancel for this reason, I will not charge you my normal cancellation fee. \_
* You will wait in your car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time and call me at **413 433 6215,** I will let you in the building and be the one to touch door.
* You will wash your hands or use alcohol-based hand sanitizer when you enter my treatment room. You may bring your own if you have sensitivities to such products.
* You will wear a mask in all areas of the building/ office (I will too).
* You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
* If you are bringing your child, you will make sure that your child follows all these sanitation and distancing protocols.
* You will take steps between appointments to minimize your exposure to COVID.
* If you have a job that exposes you to other people who are infected, you will immediately let me know.
* If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know.
* If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin/ resume treatment via telehealth/ remote sessions

I may change the above precautions if additional local, state, or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

**My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading the corona virus within the office and I have posted these efforts on my website and in the office. Please let me know if you have questions about these efforts.

**If You or I Are Sick**

You understand that I am committed to keeping you, me, all our families and my other clients, safe from the spread of this virus. If you show up for an appointment and you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth/ Remote as appropriate.

If I test positive for the corona virus, I will notify you so that you can take appropriate precautions.

**Your Confidentiality in the Case of Infection**

If you have tested positive for the corona virus, the health authorities require they be informed that you have been in the office. If I must report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release. However, I will inform you via telephone that tracking cooperation has occurred.

**Informed Consent**

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

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Patient/Client Date

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Reiki/ Integrative Energy Practitioner Date

**Office Safety Precautions in Effect During the Pandemic**

My office is taking the following precautions to protect my clients and help slow the spread of the corona virus.

* I DO NOT require that you to be vaccinated to receive sessions.
* Building management has decided to eliminate use of the waiting/kitchenette area for client use at this time.
* Hallway doors will always remain OPEN to lessen surfaces touched.
* I require Masks during your session. If you cannot wear a mask for what-ever reason, please let me know ahead of time so I may opt to wear two masks.
* I schedule appointments at specific intervals to minimize the number of people in the office in a day to allow for UV air purifier to perform at its recommended standards.
* We are a building of practitioners and ask all patients/ clients to wait in their cars or outside until no earlier than 5 minutes before their appointment times. AND you MUST call or text **your** practitioner to let you in. Allow your practitioner to touch the door handles.
* Credit card pads, pens and other areas commonly touched are sanitized after each use. I have implemented online payments, mag swipe and chip reader and touch less payment methods, (I will still accept cash and checks).
* I sanitize all soft surfaces with UV handheld devices between clients after each use.
* All excess pillows and blankets and sheets have been removed from the room. I ask you to bring your own sheets (blanket) & dress appropriately comfortable layers are best. The table is heated if you desire.
* I charge an additional $5.00 fee I provide sheets, as the laundering requires additional steps.
* Bring your own water bottle.
* I do allow hugs and I continue to use direct and off body style of treatments.
* Tissues and trash bins are readily available and office trash is a frequently disposed of.
* Public areas are thoroughly disinfected at the end of each day.
* Restrooms are maintained by management.
* Hand sanitizer and wipes that contains at least 70% alcohol is available in the treatment room. I will offer a wipe for your use when using the restroom to touch handles of all kinds when entering and leaving the restroom.