

# COVID-19 INFORMED CONSENT

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. Part of this office's role is to 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 the benefits and risks associated with seeking coaching services during a pandemic.

**To proceed with coaching services, I confirm and understand the following (Initial in all seven places provided)**

- |   | <b>Initial<br/>Below</b> |
|---|--------------------------|
| I understand my coaching session may create circumstances, such as the discharge of respiratory droplets or person-to-person contact, in which COVID-19 can be transmitted.   | _____                    |
| • I understand that I am opting for a coaching session that may not be urgent or medically necessary, and that I have the option to defer my session to a later date. However, while I understand the potential risks associated with participating in coaching during the COVID-19 pandemic, I agree to proceed with my desired session at this time.  | _____                    |
| • I understand due to the frequency of appointments with patients, the attributes of the virus, and the characteristics of procedures, I may have an elevated risk of contracting COVID-19 simply by being in a coaching office.  | _____                    |
| • I confirm I am not experiencing any of the following symptoms of COVID-19 that are listed below:<br><div style="display: flex; justify-content: space-between; margin-left: 20px;"> <div style="width: 30%;">*Fever</div> <div style="width: 30%;">*Dry Cough</div> <div style="width: 30%;">*Sore Throat</div> </div> <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <div style="width: 30%;">*Shortness of Breath</div> <div style="width: 30%;">*Runny Nose</div> <div style="width: 30%;">*Loss of Taste or Smell</div> </div> | _____                    |
| • I understand travel increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have NOT in the past 14 days I have not traveled: 1) Outside of the United States to countries that have been affected by COVID-19; or 2) Domestically within the United States by commercial airline, bus, or train.   | _____                    |
| • I am informed that you have implemented preventative measures intended to reduce the spread of COVID-19. However, given the nature of the virus, I understand there may be an inherent risk of becoming infected with COVID-19 by proceeding with this session. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this session and give my express permission to you to proceed with session.   | _____                    |
| • I have been offered a copy of this consent form.  | _____                    |

I KNOWINGLY AND WILLINGLY CONSENT TO THIS SESSION 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. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION. 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 PARTICIPATE IN SESSION AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF COACHING SESSIONS IN THIS OFFICE FOR MY PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S) FOR WHICH I SEEK CARE FROM THIS OFFICE.

Patient Signature: _____	Parent / Guardian Signature _____	Witness Signature _____
Name _____	Name _____	Name: _____
Date _____	Date _____	Date: _____