**INFORMED CONSENT FOR DR ALINA LLC**

**SERVICES DURING COVID-19 PANDEMIC**

During the novel COVID-19 pandemic, Dr. Alina and her team are here to meet the needs of our clients while adhering, and asking our clients to adhere, to the guidelines from the Center for Disease Control (CDC) in order to reduce the risk of transmission of the novel COVID-19 virus.

Prior to the **start of each session/visit**, the staff member AND client verbally confirm:

* neither party are exhibiting/experiencing any symptoms associated with the virus

(Fever, Dry Cough, Shortness of Breath, Persistent Chest Pain/Pressure, Bluish Lips/Face).

* neither party has recently been tested for COVID-19
* neither party has recently tested positive for COVID-19
* neither party has been in contact with any persons under self or mandated quarantine
* has sanitized hands by washing them, using hand sanitizer before and after each visit or are gloved

During the visit:

* Face masks will be worn **at all times by staff** with gloves optionally during any visit: in-home, the Clubhouse and gym unless when exercising
* Face masks and gloves are optional for the client but recommended, if tolerable, during in-home, Clubhouse or the gym
* If/when possible “social distancing” is recommended at a minimum of 6 feet and 10 feet when exercising in the gym
* Frequently touched surfaces and equipment used will be cleaned and disinfected

Ongoing Recommendations:

* Wash hands with soap or use a hand sanitizer that contains at least 60% alcohol frequently
* Avoid touching eyes, nose, mouth, and face
* Limit close contact with others as much as possible (6-10 feet)
* Avoid contact with people who are sick
* Stay home if feeling sick
* Cough/sneeze into elbow
* Frequently touched surfaces and equipment used should be cleaned and disinfected
* If any of the above outlined in **start of session/visit** changes, the staff member OR client will inform each other **within 24 hours** and treatment may cease

At this time I confirm that I do not display any of the symptoms (Fever, Dry Cough, Shortness of Breath, Persistent Chest Pain/Pressure, Bluish Lips/Face) which are representative of the COVID-19 virus and that to the best of my knowledge I have not been in close contact with anyone diagnosed with the COVID-19 virus within the past 14 days.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Initial)**

I understand that travelers arriving from a country/region with widespread ongoing transmission, as outlined by the CDC, should remain at home for 14 days, practice social distancing, and monitor their health following their arrival. I confirm that I have not traveled to any country/region with widespread ongoing transmission in the past 14 days NOR have I been in contact with anyone who meets this criteria.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Initial)**

During this unprecedented time, if a sheltering-in order is mandated by Government officials again or a client becomes uncomfortable with face-to-face treatment, clients have the option of receiving their treatment from their therapist via E-visit (phone call or email) or using telehealth (Facetime, Skype, Zoom, Google Duo, etc.)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to receive treatment from therapist(s) of Dr. Alina, LLC during the COVID-19 pandemic. Based on current knowledge of the COVID-19 virus I hereby understand that transmission occurs most often through person-to-person contact via respiratory droplets which can occur when being within 6 feet of someone for a prolonged period of time or when in direct contact of a person infected with the COVID-19 virus. I understand that a person infected with the COVID-19 virus may not present with symptoms but is still highly contagious, and due to the remaining unknowns of the COVID-19 virus, the number of other clients seen by the therapist(s), and the nature of treatment procedures performed, that I have an increased risk of contracting the virus.

By signing this informed consent, I understand the inherent risk of having therapist(s) visit my home and/or being seen in the Clubhouse and gym. No matter the location of a visit, I feel that these treatment sessions are essential to my well-being. In return, the client hereby waives any and all claims relating to COVID-19 illness against therapist(s) and Dr. Alina, LLC in the event that the client contracts COVD-19 during the course of or subsequent treatment by therapist.

**\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)**

Please feel free to contact our company if you have any questions. Your signature below indicates that you have read, understood and agree to the terms of this informed consent.

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Signature of Client or Client Representative

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Printed Name of Client or Client Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (mm/dd/yyyy)

Dr. Alina Dawson, DPT, GCS

CEO and Owner

Dr. Alina, LLC, Full Distance

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