

COVID-19 RISK INFORMED CONSENT

I _____ (client name) understand that I am opting for an elective treatment/procedure that is not urgent and may not be medically necessary.

Initial _____ I certify that I have not tested positive for the novel coronavirus within the past 45 days and/or I have not come in contact with any persons whom have tested positive within the past 15 days.

Initial _____ I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize that BlackBellaDC and the contracted staff at BlackBellaDC are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment/procedure/surgery. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment/procedure and I give my express permission to all the staff at BlackBellaDC to proceed with the same.

Initial _____ I understand that, even if I have been tested for COVID and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID after the test. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective treatment/procedure/can lead to a higher chance of complication and death.

Initial _____ I understand that possible exposure to COVID-19 before/during/after my treatment/procedure may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my elective treatment/procedure, I may need additional care that may require me to go to an emergency room or a hospital.

Initial _____ I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the treatment/procedure/massage itself.

Initial _____ I have been given the option to defer my treatment/procedure to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired treatment/procedure.

What you can expect:

- A mask or face covering is required throughout each appointment.
- Gloves are not allowed - BBDC will provide hand sanitizer.
- Social Distancing: Staggered appointments & no waiting room.
- Heighten sanitation procedures from the BBDC Team.

Client Signature _____

Date: _____