



COVID-19 Polices and Client Waiver

Decatur Healing Arts; 619B or 627H East College Ave; Decatur, GA 30030

The risks of COVID-19 are not well understood, but in the consensus of most, certain precautions may help to keep us all safer. Online booking is disabled. All scheduling will need to be done via email and phone for the foreseeable future: call 404-378-6288 or email dha@decaturhealingarts.com .

These protocols will be followed to further protect you:

- All front desk staff will wear a mask.
- Front desk staff will spray your hands with sanitizer.
- Your temperature may be taken by your therapist.
- Per Universal Precautions Requirements, all therapists pledge to wash their hands thoroughly before and after each client session.
- Our therapists will wear masks.
- You and your therapist will sign a "Confirmation of State of Health" on the day of treatment.
- Sheets and face covers will be completely changed.
- All equipment, tables, chairs, doorknobs, etc. will be sanitized for each new client.

We ask that you, as the client, adhere to these basic protocols when coming to us for treatment:

- Please call our front desk (404) 378-6288, when you arrive in the parking lot. Then please wait in your car until we let you know it is okay to come in.
- We will have only one person come in at a time.
- Please come wearing a mask. If you don't have a mask, one will be provided.
- Please do not bring anyone in with you, including children.
- Please cancel your appointment if you are sick.

❖ The Client Waiver form must be on-file prior to your appointment:

The Client Waiver form follows as a separate document that needs to be completed and signed to confirm that you agree to take full responsibility for your own actions and safety to be compliant with our precautionary guidelines.

- ❖ After **completion, please email your waiver to dha@decaturhealingarts.com at your earliest convenience to finalize your appointment reservation.
If scheduling directly with your therapist, please email them a copy also.

** instructions: the waiver can be filled out electronically and a signature created by following the directions in the signature line. Then "save" in your documents or desktop and attach to your response email.

If you can't do this electronically – please print, fill out and sign by hand –then scan and save as a pdf to email back.



Health Information–COVID-19 Information & Liability Waiver

Due to the outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below.

COVID-19 Information

1. Have you had a fever in the last 24 hours of 100°F or above?

Yes No

2. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath?

Yes No

3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms?

Yes No

Consent for Treatment

I acknowledge the contagious nature of the COVID-19 and the CDC and many other public authorities still recommend practicing social distancing. I understand that, because Acupuncture, Massage, Skin Care, Reflexology, Alexander Technique and Yoga Therapy sessions involve 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 and Decatur Healing Arts from all liability for the unintentional exposure or harm due to COVID-19. I give my consent to receive the chosen therapy and I intend for this agreement to cover all needed or desired treatments going forward from this date with the understanding that both the practitioners and myself will sign a short statement of health confirmation on the day of each session.

Client Name:

Client Signature:

Date:

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

Date: