

Complementary and Alternative Healthcare Client Bill of Rights

Addendum A: COVID-19 Policy

(Updated May 17, 2021)

In order to create a healthy, safe, and therapeutic environment for clients, myself, and my family, I am implementing a COVID-19 policy. This policy is informed by the Federation of State Massage Therapy Boards (FSMTB), along with infection control recommendations made by the CDC, WHO, OSHA, and the MN Department of Health. This policy may change based on emerging data, mandates, guidelines and my own comfort level. All changes will be communicated via postings in my therapy room and on my website (www.debfranktherapy.com).

- I ask that individuals self-report any COVID-19 symptoms and/or exposure that has occurred in the previous 14 days.
- Please walk along the pathway by the garage and come in through the basement patio door.
- I ask that all people wash their hands in the sink immediately when entering my home. I will provide hand sanitizer in the therapy room for your use as well.
- Everyone must wear a mask at all times. I will have masks available if needed.
- I still encourage you to bring a reusable water bottle since the machine can be easily cleaned. However, I will be substituting bottled water for cups in order to reduce potential risk.
- I will be disinfecting door knobs, light switches, counter tops, furniture, pens, credit card devices, and all other surfaces that may have potentially been touched pre & post session. This includes hot stones, tools, bottles, and equipment. I will be using hospital grade cleaning products. Anyone with an allergy or sensitivity to chemicals or smells, please let me know.
- I will be protecting the massage table, padding, heating pad, and face cradle with a washable rubber protective barrier. The table and face cradle will be thoroughly cleaned between sessions.
- Per standard usual practice, sheets, blankets, face cradle covers, and towels will be laundered immediately after each session.
- I will wear a face mask at all times, wash hands pre & post sessions, and use hand sanitizer as needed.
- If COVID-19 is detected, I will comply with MN Dept of Health guidelines for testing, quarantine, and contact tracing efforts.

Acknowledgement of documents by Client: I have read the Complementary and Alternative Health Care Bill of Rights, HIPPA and COVID-19 Policy prior to receiving a session by Deb Frank. I understand this statement is for informational purposes only and a copy may be given to me upon request.

Consent for Treatment: I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions. I understand that, because massage/bodywork involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I forget to do so. By signing this form, I acknowledge that I am aware of the risks involved receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment.

Signature _____ Date _____

References and resources available on www.debfranktherapy.com or printed upon request