

Gentle Pathways

2280 East Ave, Suite 4

Rochester, NY 14610

COVID-19 INFORMED CONSENT TO TREAT: 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 that COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. I also understand that the limits on COVID-19 testing has made it difficult to determine who may be infected.

I understand that Annette Barber, owner and therapist at Gentle Pathways is following precautions recommended by Centers for Disease Control and Prevention (CDC) and OSHA to limit the transmission risk of COVID-19. This includes but is not limited to: treating one client at a time, hand washing before and after treatments, having clients wash hands upon entering, providing hand sanitizer throughout the office, pre-screening clients for symptoms with questions provided by the CDC prior to receiving treatment, using medical grade cleaner on commonly touched surfaces in the reception, equipment, treatment room and bathroom between clients, providing clean and/or disposable linens for every client and properly laundering them, maintaining social distance when possible during appointments, using personal protection equipment (PPE) including masks, gloves, glasses or face shields and asking clients to wear masks when medically able during their appointment. I also understand that clients who fail pre-screening will be asked to re-schedule their appointment after a minimum waiting period of 14 days.

I confirm I am not experiencing any of the following symptoms of COVID-19:

- Fever
- Dry Cough
- Sore Throat
- Shortness of Breath
- Runny Nose
- Loss of Taste or Smell

I verify that I have not traveled domestically or internationally in the last 14 days by bus, train or airplane or have been recently in the presence of someone who has tested positive for COVID-19.

I confirm and understand that despite these precautions, the risk of contracting COVID-19 cannot be eliminated. Given the nature of the virus, I understand there may be an inherent risk of becoming infected with COVID-19 by proceeding with this treatment. I also understand that my treatment at Gentle Pathways is elective and that I could choose to receive care from another type of provider or to postpone care altogether at this time. While I understand the potential risks associated with receiving treatment during the COVID-19 pandemic, I agree to proceed with my desired treatment at Gentle Pathways. By signing below, I knowingly and willingly consent to treatment at Gentle Pathways with the full understanding and disclosure of risks associated with receiving care during the COVID-pandemic. I hereby release and discharge Annette Barber and Gentle Pathways from any and all claims which I or my agents ever had, now have or may have relating to or arising out of services provided or recommendations that I have received. I acknowledge that it is my responsibility to consult with my physician or other health care providers relating to any disease or condition that I may have.

Client (or Client Representative if under 18) Print Name

Client (or Client Representative if under 18) Signature

Date

Gentle Pathways Owner Signature

Date