

## ALI MISCHKE BCSI RYT: COVID-19 INFORMATION AND CONSENT

### Practitioner Roles & Responsibilities

---

#### Preparing for Our Appointment

- I will wear a mask, goggles, gloves, and an apron or fresh scrubs throughout our work together
- I will change gloves and apron or scrubs after each client
- If possible, I will not make any stops / run errands between leaving home and arriving at the office
- I will take my temperature before work. If it is above 100°, I will reschedule all appointments.

#### Notification and Cancellation

If any of the following occurs, I will consult with a medical professional and cancel all appointments for a doctor-recommended safety interval. If I need to cancel your appointment, I will give you as much notice as possible.

- I develop a fever, dry cough, shortness of breath, loss of sense of smell or taste, or other symptoms of COVID-19
- I learn that someone with whom I have had contact was diagnosed with, exposed to, or is suspected of having COVID-19
- I am required to quarantine due to travel as per the [Massachusetts COVID-19 Travel Order](#), suspected exposure to COVID-19, or for any other reason

#### Enhanced Cleaning Protocols

- I have added a HEPA air purifier to my office. I also vacuum my office daily with a vacuum that has HEPA filtration.
- I have added extra time between clients, during which I will disinfect all surfaces you may touch during your session
- For the comfort of those with chemical sensitivities (including myself), I have purchased EPA-approved non-toxic (hydrogen peroxide-based) disinfecting wipes and sprays.

#### After Your Appointment

I will let you know as soon as practically possible if I, or a person with whom I have had contact, am suspected to have or am diagnosed with COVID-19 within 14 days after our appointment.

### Client Roles & Responsibilities

---

#### Notification and Cancellation

*If any of the following situations occur, you agree to let me know as soon as possible and cancel/reschedule your appointment.*

- You or someone with whom you have been in close contact develops a fever, a cough, shortness of breath, reduced sense of smell or taste, or other symptoms of COVID-19
- You learn that someone with whom you have been in close contact was diagnosed with, exposed to, or otherwise suspected of having COVID-19
- You are required to quarantine due to travel as per the [Massachusetts COVID-19 Travel Order](#), suspected exposure to COVID-19, or for any other reason

Initials: \_\_\_\_\_

**Getting Ready for Your Appointment**

- If possible, please shower before you come in and plan to make my office your first stop
- You will be required to wear a mask at all times while you are in my office building. Your mask must NOT have a valve and must cover both your mouth and your nose.
- Preferably wear appropriate attire under your clothes so that you do not have to change. Please minimize the number of items you need to bring into my office.
- As per state requirements, I no longer have a tea and water station. I do have bottled water in case you need it, but please consider bringing your own water bottle so you can hydrate after our session.

**When You Arrive**

- Please text me from the parking lot (617.257.6857). I will text you back when you can come up to my office.
- I have a touchless hand sanitizer dispenser. Plan to sanitize your hands when you arrive and when you leave my office.
- As always, remove your shoes before entering my office. Once inside my office, I will have a bin in which you should leave your outer clothing.
- I will close the door after you enter my office and will open the door for you to leave
- I will take your temperature using a touchless thermometer. To begin our work, your temperature must be below 100°.

**After Your Appointment**

You agree to let me know as soon as practically possible if you or a person with whom you have been in contact are suspected to have or are diagnosed with COVID-19 within 14 days after our appointment.

---

**Information Disclosure**

---

In the event that I or another of my clients tests positive for COVID-19, your name and contact information may be shared with state contact tracers. Your information will only be shared if it is relevant based on the suspected exposure date and time.

---

**Statement of Risk**

---

Close contact, particularly indoors, increases the risk of infection from COVID-19. I will be taking all precautions recommended by the State of Massachusetts and the CDC; however, it is not possible to eliminate all potential for exposure to the virus.

*In signing this form, you acknowledge that you are aware of the risks inherent in our work and agree to adhere to the roles and responsibilities outlined above. Thank you for your help keeping yourself, me, and my other clients safe!*

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_