

## OFFICE POLICIES AND PROCEDURES—COVID-19

**Sanitization:** All clients must wash their hands upon entry and exit of the office. Between each client session the office, including but not limited to, treatment table, desk, chair, door knobs in and out, credit card terminal, the restroom etc will be disinfected. The office/clinic is stocked with CDC approved disinfectants such as hydrogen peroxide, citric acid, alcohol wipes etc....depending on surface being cleaned.

**Treatment Table:** The table is covered with a wipeable surface covering. Each session will have fresh laundered sheets and face cradle coverings. Fresh laundered, single use blankets will be provided as needed. Pillows and bolsters have either wipeable surfaces and/or single use disposable paper covers.

**Social Distancing:** The office/clinic will not be booking back to back appointments in order to allow for extra cleaning and to avoid inadvertent contact with other clients. No clients will be seated in the waiting room area, the chairs have been removed. NOTE: no visitors, friends, family or assistants will be allowed in the office—only the client with the scheduled appointment—others must wait in the car. Please have your visitors plan ahead for restroom needs as the office restroom will NOT be available for anyone other than the scheduled client.

**Personal Protective Equipment:** Clients are required to wear a mask at ALL TIMES in the office, this includes DURING TREATMENT. Please bring YOUR OWN mask, if you forget one, one will be provided for you. Repeated failure to bring and/or wear your mask will result in cancellation of all future appointments until the pandemic is over. Your therapist will be using N95 masks and/or charcoal replacement filters in cloth mask and/or face shield, goggles, surgical masks (depending on what supplies are available at the time) as well as a freshly laundered apron that is changed after each client.

**Room Air Purification:** The office/clinic is equipped with a hepa filter & charcoal particulate collecting filter. Windows and doors will be opened during cleaning and between clients when appropriate.

**Temperature Check:** Your therapist will be performing a daily temperature check on self. Client temperature will be checked upon entry with a no-contact thermometer. Client oxygen saturation levels will also be checked upon entry.

**Informed Consent & Treatment Deferral:** An informed consent will be required from each client which outlines the risks of contracting COVID-19. Your adherence to public health recommendations and the disclosure of the clinic's safety precautions and consent for treatment. If you are concerned in any way about our ability to address your concerns over covid-19 protocols, you may defer your treatment to a future date. NOTE: The office/clinic reserves the right to refuse service/treatment/entry to the clinic, to anyone, without explanation.

**Cancellations:** Amid the ongoing uncertainty of COVID-19, we have modified our cancellation policy. We hope this will alleviate any stress or hesitation you may have about an upcoming appointment. If you need to reschedule for any reason, and especially if you are not feeling well, we request you contact as soon as possible to reschedule. To further support you, there will be no penalties for cancellations at this time.

**Financial Responsibility & Assignment of Benefits:** In most cases, we are not currently accepting insurance other than PIP/auto insurance and limited L&I. Upon request, we will provide you with a coded statement to submit to your insurance for reimbursement. Your signature below confirms your financial responsibility for all services regardless of insurance reimbursement and authorizes and directs payment of medical benefits to the bodywork practitioner for services provided by this office in the event direct billing takes place by the practitioner.

**Release of Medical Records:** your signature below authorizes the release of all your medical records on file in this office, for the purpose of processing your claims, to the following: your attorney, the healthcare providers attending to this condition and the insurance case managers. Medical records will not be edited unless otherwise stated in an exclusive release of medical records signed through your attorney.

Signature \_\_\_\_\_ Date \_\_\_\_\_