



Sarah Rhodes
WELLNESS

Informed Consent to Care and Consultation During COVID-19 and all other Infectious Disease

This informed consent has been created to provide you with information about your voluntary care and consultation during the COVID-19 pandemic and all other possibilities of infectious disease.

What is COVID?

Human coronaviruses were initially identified in the 1960's. COVID-19 is a novel (new) coronavirus. Current information does not allow us to fully predict the risk that it poses to any of us individually or collectively. The CDC website at CDC.gov contains up-to-date information, but our understanding about spread, symptoms, and risks is changing daily. Current indications are that the virus is spread by direct contact (within 6 feet) with droplets from an infected person (which may persist in the air for hours after release) or by touching an infected surface, then touching your face. While a high percentage of infected people appear to experience a relatively mild form of the illness with cold or flu-like symptoms, fatal and life-threatening cases have been seen in people over 60, people with pre-existing health conditions, as well as apparently healthy individuals of all ages with no known disease.

Client Declaration

I have read the above information, and I understand that potential exposure to coronavirus or any other diseases may occur while seeking consultation in person. I further understand that the nature and extent of any additional risk or complications presented by the COVID-19 pandemic in the context of my consultation is uncertain at this time. I am also aware that I may at any time request phone or video consultations in order to help reduce the risk factors involved in these sessions. I was given enough time to read this information and to decide for or against any sessions. I am also aware that any and all cancellation fees, cancellation time frames, and/or cancellation penalties have been suspended and do not influence my decision. I do not have any further questions, and I voluntarily agree to proceed with consultations in person.

X

Client Signature
OR: Parent/Guardian Signature if Minor

X

Sarah Rhodes, Consultant

DATE: _____

DATE: _____