

INFORMED CONSENT FOR TREATMENT

I _____ (client name) understand that COVID-19 is highly contagious and still present in the community where I am seeking massage therapy. I understand that COVID-19 is passed through close contact with others and that people without symptoms may be infectious. I understand that LDR Massage has taken every precaution to ensure my health and safety but that risk of infection is still possible.

Because receiving massage involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I understand and assume the risk of COVID-19 infection through this and future treatments and give permission for LDR Massage to provide care.

I understand that I am the decision maker for my health care. I am aware of any risk factors I may have, and have shared that information as well as any health conditions with my practitioner so they can provide information that will help me make informed choices. I will regularly update LDR Massage regarding any changes in my health.

Please be advised that in the event that the massage therapist or a client of this facility tests positive for COVID-19, your name and contact details may be shared with the Oregon Health Department for their follow up to contain the spread of the disease.

Signature _____ Date _____

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