

PRECISION MASSAGE THERAPY
UPDATE TO OFFICE POLICIES IN RESPONSE TO COVID-19, AND
INFORMED CONSENT TO TREATMENT, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY
(Updated 5/21/20)

Ensuring the health and safety of our clients and practitioner is a top priority of Precision Massage Therapy. In light of the COVID-19 pandemic, we are adhering to State of Montana and City of Billings guidelines and implementing additional office policies as described below.

*By signing the attached **INFORMED CONSENT TO TREATMENT, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY**, you are acknowledging that you have been informed about the screening and mitigation procedures and policies discussed herein and agree to comply with these procedures and policies. You further agree that Precision Massage Therapy cannot eliminate the risk of transmission of contagious diseases, including but not limited to COVID-19. Understanding the risks inherent to the close contact required by massage therapy, you agree that by consenting to treatment you are assuming the risks and are releasing Precision Massage Therapy from liability.*

COVID-19 POLICIES

General Considerations

High Risk Clients: We are asking that our high-risk clients wait to receive services until Montana has reached Phase 3 of Montana's Phased Reopening plan.

Symptoms of Illness: If you are feeling ill, please cancel your session. ***Our 24-hour cancellation policy remains in effect. If you cancel within 24 hours of your scheduled appointment, you will be charged the full amount of your scheduled service.*** We may grant exceptions at our sole discretion. This policy is in place to ensure personal accountability by our clients and the safety of the practitioner and our other clients.

If you arrive at your appointment and are visually sick or have an excessive cough, or other symptoms of illness, we reserve the right to deny you service and charge you for the full amount of your scheduled service on that basis. If you have a cough due to asthma or allergies, please consider waiting until Phase 3 to receive services.

24 Hours Before Appointment

Screening Form: Per the statewide directive, we are requiring a screening form to be completed 24 hours before coming to your appointment. This screening form must be completed online and can be found on our website <https://precisionmassagetherapy.com/screening-form/>.

Upon Arrival

Arriving only five minutes prior to appointment: We are asking our clients to arrive only five (5) minutes early or to wait in your vehicles until five (5) minutes before your scheduled appointment

time. This reduces the amount of people in our waiting room and reduces unnecessary contact with surfaces and individuals. The building owner has implemented locked doors 24 hours so please call 406.534.3323 and you will be let into the building.

Temperature checks: Please be prepared to have your temperature taken upon arrival for your appointment. Clients are required to have their temperatures taken before they can receive services. Unfortunately, if you are positive for a fever (100 degrees or higher), you will be asked to leave and reschedule at a later date. Since a fever is one of the first signs of illness, this has been proven to be one of the most effective ways to screen for the virus. Your practitioner will check her temperature every day and will notify clients and cancel appointments if her temperature is 100 degrees or higher.

Hand sanitizing once inside the office: Once you enter the office, you are required to use hand sanitizer to disinfect your hands while your temperature is being taken. This helps reduce germs from the outside environment to spread inside our office.

During Treatment

Masks/PPE: Since the nature of massage therapy cannot maintain the six (6) feet social distancing guidelines, clients and therapists are required to wear a mask upon entering the office building. A cloth mask may be provided for you by request. We understand cloth masks do not stop the transmission of disease. However, they do create a barrier of protection that helps reduce likelihood of transmission while receiving services in a small room with limited ventilation and in close proximity to one another. This protocol is consistent with the CDC's recommendation to the general public advising them to wear a cloth face covering whenever they must leave their home.

When receiving a massage, it can be uncomfortable to wear a mask. Your practitioner will check in with your breathing comfort during face down positioning and will be prepared to suggest alternatives that support your comfort.

Blankets by request: We will no longer automatically have blankets on our tables. They can easily be added by request, but in efforts to minimize laundry we will offer the heated rice bags and space heaters for those who tend to get cold. We have also removed the electric table warmer. *Please note we will be asking our clients their preferences at the beginning of the service & blankets can still be supplied.

Changes in table comfort: Due to the nature of the virus, we will no longer have fleece face cradle pillows. Instead we will have plastic coated face cradles that are easily disinfected. We apologize in advance for them not being as comfortable. Please keep your therapist informed if it needs to be adjusted in any way.

After Treatment

Room flips: We are asking that you leave as soon as your appointment is over so that we can begin setting up our 30-minute room flip to properly disinfect and allow the disinfectants the suggested amount of time to be effective.

Post-treatment consideration/rescheduling: Once you are dressed and off the table, please open the door and your practitioner will come back in to discuss any post-treatment suggestions pertaining to your massage. Rescheduling will be done in the treatment room.

No in person payments in the office: To reduce the amount of unnecessary contact points, payment will only be taken with a credit card on file. We take serious consideration into safely storing this information. It will be saved securely online and locked behind key in your client folder. If there is an error on your credit card transaction after your appointment, please contact me and we will immediately resolve the inaccuracy. An envelope will be in the treatment room if you feel inclined to leave gratuity. Gratuity is never expected.

Other Changes to Office

No more tea/water station: You are allowed and encouraged to bring your own hydrating source.

In the Case of Confirmed COVID-19 Infection

Practitioner: If at any time your practitioner tests positive for COVID-19, we will immediately close business until everything has properly been disinfected and your practitioner is able to quarantine. In this event, the office will be closed for a minimum of two (2) weeks (14 days) to ensure the virus has been completely eradicated from our space.

Client: If at any time a client tests positive, we will contact and notify each subsequent client that had an appointment. Our offices will immediately close for cleaning and sanitation before reopening.

***For a reference on the guidelines we as business providers must follow along with the steps in each phase, please visit:
<https://covid19.mt.gov/Portals/223/Documents/04-22-20%20Directive%20and%20Appx%20-%20Reopening%20Phase%20One.pdf?ver=2020-04-22-124954-977>.

A full list of Precision Massage Therapy's sanitation procedure and checklist can be found by visiting:
<https://precisionmassagetherapy.com/wp-content/uploads/2020/05/Message-Therapist-Sanitation-Checklists.pdf>

Thank you for your support and cooperation during these difficult & uncertain times. We appreciate you!

Please read carefully and sign the ***INFORMED CONSENT TO TREATMENT, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY on the next pages in order to receive massage therapy and bodywork treatment from Precision Massage Therapy.***

INFORMED CONSENT TO TREATMENT, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

By signing below, I acknowledge that I have read and understood the screening and mitigation procedures and policies implemented by Precision Massage Therapy. I agree to comply with these procedures and policies for my own health and safety and the health and safety of others.

I understand that because massage therapy work involves maintained touch and close physical proximity over an extended period of time, an elevated risk of disease transmission, including but not limited to COVID-19, may exist. Such diseases may result in illness or even death. I further understand and agree that Precision Massage Therapy cannot eliminate the risk of transmission of such diseases.

In consideration for being permitted to receive massage therapy services, I hereby agree, acknowledge, and appreciate that:

Assumption of Risk: I AM VOLUNTARILY CONSENTING TO MASSAGE THERAPY TREATMENT WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS ASSOCIATED THEREWITH AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY.

Waiver and Release: I, for myself, my heirs, successors, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE PRECISION MASSAGE THERAPY, and its owners, directors, officers, managers, agents, employees, volunteers and affiliates from and against any and all damages, losses, liabilities, claims, actions, suits, expenses, including reasonable attorney fees (collectively a "Loss"), which are related to, arise out of, or are in any way connected with my participation in massage therapy service, WHETHER SUCH LOSS RESULTS FROM NEGLIGENCE OF ANY KIND OR NATURE or from some other cause.

Indemnification: I, for myself, my, heirs, successors and assigns, HEREBY INDEMNIFY AND HOLD HARMLESS PRECISION MASSAGE THERAPY, and its owners, directors, officers, managers, agents, employees, volunteers and affiliates from and against any and all damages, losses, liabilities, claims, actions, suits, expenses, including reasonable attorney fees (collectively a "Loss"), which are related to, arise out of, or are in any way connected with my participation in these activities or the use of these services or related property and equipment, WHETHER SUCH LOSS RESULTS FROM NEGLIGENCE OF ANY KIND OR NATURE or from some other cause.

I HAVE READ THIS INFORMED CONSENT TO TREATMENT, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY, I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Adult Client (Please Print) _____

Signature of Adult Client _____

Date _____