

Brief Interlude Health Therapies

Strictly Private & Confidential

Client Consent for Treatment During COVID-19 Pandemic

I _____ (Client Name)
understand that I am opting for an elective treatment.

I understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organisation and that COVID-19 is extremely contagious and is believed to spread by person-to-person contact, social distancing is therefore recommended. This is not entirely possible with my proposed treatment, however I am satisfied that safety measures are in place to minimise risk as much as possible, and client contact will be kept to an absolute minimum. _____ (initials)

I understand Brief Interlude is closely monitoring the COVID-19 situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. Given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with treatment. I therefore hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment, however I give my express permission to proceed. _____ (initials)

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I understand that COVID-19 can cause additional health risks, some of which may not currently be known at this time, in addition to those risks associated with the treatment. _____ (initials)

I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19 and I would like to proceed with my desired treatment. _____ (initials)

