



COVID-19 & OTHER COMMUNICABLE INFECTIOUS DISEASES POLICY

Real Relief Myofascial Release, LLC and its sole practitioner, Karen F. Harris, MD, will appropriately clean and sanitize surfaces before and after each session, provide clean linens, maintain good ventilation and air filtration in the facility and treatment room, practice proper handwashing, and monitor international (World Health Organization), national (U.S. Centers for Disease Control and Prevention), state, and local guidelines for changes in recommendations, cleaning strategies, and other best management practices for COVID-19 and/or any other prevalent contagious infectious disease(s).

Dr. Harris will monitor her health and avoid treating patient-clients if she has an elevated temperature, a fever, a positive test for COVID-19 or other viral illness, a rash, other symptoms of a viral illness, or has been in close contact with someone who has tested positive or is exhibiting symptoms of COVID-19 or other prevalent contagious disease.

At times, in order to protect all of her patient-clients, and depending upon various factors, including current disease incidence statistics, the personal exposure and travel history of herself, you, and recent patient-clients that she has treated, etc., Dr. Harris may choose to wear a mask, ask you to wear a mask, take your temperature upon arrival, or require any other appropriate procedure(s).

You are welcome to wear a mask at any time. Dr. Harris will wear a mask at your request.

In addition to these required precautions, you are responsible for your own decisions regarding personal protection before, during, and after your sessions, such as mask-wearing (unless being required at the time), hand sanitizing, vaccination status, etc,

I, ___(sample form only)_____, hereby acknowledge the policy statements above and also understand and agree to the following:

- Hands-on myofascial release manual therapy treatment and the necessary close proximity to the therapist during my appointment and treatment session includes possible exposure to and illness from infectious diseases, including but not limited to, COVID-19.
- While particular rules and personal discipline may reduce the risks that I may contract serious illness and death and possibly infect others, they still exist.
- I agree to inform Dr. Harris if I have an elevated temperature or actual fever, feel ill, particularly with flu-like symptoms, especially a cough, sore throat, or rash, have a current or recent positive test for COVID-19 or other virus within the past 14 days, have been in close contact with anyone within the past 14 days who has COVID-19, another communicable disease, or a positive test result, and to discuss whether I should cancel or reschedule my appointment. Cancellation fee will be waived.
- I also agree to inform Dr. Harris immediately if I develop symptoms that may indicate a possibly contagious illness or test positive for COVID-19 or any other infectious disease within 14 days *after* my MFR treatment session.
- I knowingly and freely assume all such possible risks related to COVID-19 or any other communicable infectious disease.
- I hereby release, waive and forever discharge any and all liability, claims, and demands of whatever kind or nature against Real Relief Myofascial Release, LLC and its owner and sole practitioner, Karen F Harris, MD, either in law or in equity, to the fullest extent permissible by law, including but not limited to damages or losses caused by the negligence, fault or conduct of any kind on the part of the released parties, including but not limited to death, bodily injury, illness, economic loss or out of pocket expenses, or loss or damage to property, which I, my heirs, assignees, next of kin, and/or legally appointed or designated representatives, may have or which may hereinafter accrue on my behalf, which arise or may hereafter arise from my appointments and treatment sessions.
- I agree that this Waiver of Liability shall be governed by and construed in accordance with Florida law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of this Waiver of Liability as a whole.

Patient-Client Signature ___(sample form only)_____ Date ___(sample form only)___