



**COVID-19 INFORMED CONSENT  
for IN-PERSON SERVICES  
at SPIRAL PATH THERAPIES**

**INFORMED CONSENT**

I understand that COVID-19 is highly contagious and still present in the community where I am seeking craniosacral therapy. I understand that COVID-19 is passed through close contact with others, and that people without symptoms may be infectious. I understand that this craniosacral therapy business has taken every precaution to ensure my health and safety, but that risk of infection is still possible.

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(Signature and date)

**DEPARTMENT OF HEALTH AND EXPOSURE TO COVID-19**

I understand that in the event that a client, therapist, or staff member of this practice tests positive for COVID-19 within a time period that places me at risk of exposure, my name and contact information will be shared with the State Department of Health for their follow-up. In the event that I or a member of my household develop symptoms of illness, or test positive for COVID-19, within two weeks of my appointment, I will contact this practice immediately.

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(Signature and date)

**HIGH RISK AWARENESS**

I understand that the health conditions listed on page 2 of this document place me or my dependent at higher risk for serious illness from COVID-19 infection. If I have one of these conditions I or my dependent should forgo craniosacral therapy while COVID-19 is still present in my community, or obtain my physician's consent to receive craniosacral therapy. Should I or my dependent decide to proceed with craniosacral therapy I assume all risk related to illness from COVID-19 infection.

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(Signature and date)

**According to the Centers for Disease Control and Prevention (CDC), people of any age with these underlying health conditions are at increased risk for developing severe illness from COVID-19:**

- People 65 years or older
- Children who are medically complex with underlying health conditions
- Women who are pregnant
- People with neurologic conditions (e.g., dementia)
- People with chronic obstructive pulmonary disease (COPD)
- People with pulmonary fibrosis
- People with moderate to severe asthma
- People with cystic fibrosis
- People with serious heart conditions
- People with hypertension (high blood pressure)
- People with sickle cell disease
- People with thalassemia (a type of blood disorder)
- People with cerebrovascular disease (affects blood vessels and blood supply to the brain)
- People undergoing cancer treatment
- Bone marrow or organ transplant recipients
- People with immune deficiencies from medications or use of corticosteroids
- People with HIV / AIDS
- People with obesity (BMI 30 or higher)
- People with diabetes (type 1 and type 2)
- People with chronic kidney disease and undergoing dialysis
- People with liver disease
- People who are smokers

This agreement supplements the general intake form and policies that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

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Signature of Parent or Guardian if under 18