



COVID-19 Pandemic PT & OT Treatment Consent Form

Patient Information ("Patient")		
LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE:	PHONE NUMBER	
PROVIDER NAME:	PATIENT DATE OF BIRTH (mm/dd/yyyy)	

INTRODUCTION

You have elected to receive PT and/or OT care at **Mann Method™ PT & Fitness, PLLC and Mann Therapies, LLC** during the **COVID-19 National Emergency**. We are providing this special consent, in addition to any previous and/or specific consent forms that you may have received, because of the unique circumstances of the current COVID-19 pandemic.

- The ongoing community transmission of the COVID-19 virus creates additional risks from being in the proximity of physical therapists, occupational therapists, patients, or staff that we want you to seriously consider before engaging in treatment.
- Social distancing of 6 feet or more is NOT POSSIBLE during PT and/or OT treatments, which may increase the chances of COVID-19 transmission.
- We are following our standard infection protocols which may limit the spread of the disease, **but there is still a possibility of transmission to you (and to others you come into contact with before/after leaving this office) of the COVID-19 virus which can cause serious health problems, including but not limited to, severe respiratory problems, high fevers and death.**

Here is what we are doing to protect you the patient, team members and ourselves:

- We are following safety and public health orders and directives from the state of Colorado Department of Public Health & Environment (CDPHE), the Jefferson County Department of Public Health, and the Centers for Disease Control and Prevention (CDC)
- We engage in a daily office preparation safety routine.
- We conduct patient and staff COVID-19 screening.
- We require all patients to wear masks and all staff/providers to wear masks and gloves.
- All treatment surfaces and commonly touched surfaces are disinfected with hospital grade disinfectants between each patient and routinely throughout the day.
- All providers and staff have been fully vaccinated with the COVID19 vaccine

Provider & Staff Procedures:

- All providers have been fully vaccinated with the COVID19 vaccine
- Providers and staff will check their temperature daily.
- Providers and staff will wear a mask and gloves while treating patients.
- If the provider or staff has any symptoms (any COVID-19 symptoms), the provider or staff will transition to telehealth and get tested for COVID-19.
- If the provider or staff travel outside of Colorado, the provider or staff will follow CDC guidelines and transition to telehealth for 7 days following their return to Colorado.

Please initial that you have read the above information:



Patient Guidelines and Requirements:

- Patients are required to wear a mask at all times in the Clinic.
- Patients are required to use hand sanitizer upon entering the Clinic.
- Patients will have their temperature checked upon entering the Clinic.
- Patients are required to answer the Clinic Prescreen Email sent via email or text, 24 hours prior to every scheduled in Clinic appointment in which the patient must answer the following questions pertaining to:
 - COVID symptoms
 - COVID exposure
 - Have you had contact with anyone with symptoms listed above in the last 14 days?
 - Have you traveled outside of Colorado in the last 14 days?
- If the patient has any symptoms (any COVID symptoms), the patient will transition to telehealth and stay out of the Clinic for 14 days from the onset of the symptoms.
- If the patient is exposed to a family member who has a CONFIRMED case of COVID-19 the patient will transition to telehealth and stay out of the Clinic for 14 days from the onset of the symptoms.
- If the patient is exposed to a family member who has ANY COVID SYMPTOMS, the patient will transition to telehealth and stay out of the Clinic for 14 days from the onset of the symptoms UNLESS the family member has a confirmed negative COVID-19 test.
- If the patient has traveled outside of Colorado, the patient will transition to telehealth and stay out of the Clinic for 14 days following their return.

Please initial that you have read the above information:

By signing this **Informed Consent for PT and/or OT Treatments during the COVID-19 Pandemic**, I understand the following:

1. I have read and reviewed the *Mann Method™ PT & Fitness, PLLC and Mann Therapies, LLC* COVID-19 clinic guidelines and consent to in-clinic care during the pandemic.
2. I understand that travel by air, bus or train significantly increases my risk of contracting and transmitting the COVID-19 virus.
3. I understand that the CDC currently recommends social distancing of at least 6 feet or more under many circumstances and that **social distancing of 6 feet or more is NOT POSSIBLE during PT and OT treatments.**

PATIENT CONSENT TO TREATMENT:

I have read this entire document, and I knowingly and willingly consent to have PT and/or OT treatments during the COVID-19 pandemic, despite the risks discussed in this consent.

I hereby authorize *Mann Method™ PT & Fitness, PLLC and Mann Therapies, LLC* to preform PT and/or OT treatments during the COVID-19 pandemic.

Signature of Patient

Date

Signature of Patients Legal Guardian/Parent

Print Name