



In accordance with COVID-19 guidelines within the State of Florida and Florida Board of Massage Therapy and Florida Board of Cosmetology, **The Alcove Beyond LLC** hereby agrees to align with these resources and protocols.

Please view the printable questionnaires, resources, and worksheets before your appointment below.

As a traveling practitioner, this means I will be entering your home. Please provide a clean, debris free 10x10 ft area for me to set up my table and proceed with services. I will arrive prior to the scheduled appointment time to set up a disinfected area.

At this time, I will be wearing a mask for our service and if we are not in a private area of the house, all others within 6 feet will be required to wear a mask.

Please put your pets and children into a secure location as to not disrupt the massage process. Pets jumping on the table and children climbing up the table are not tolerated and may cause serious harm or injury. I will not be liable for any injuries that go against my policies.

I do provide music and additional enhancements per request. My basic massage essentials will be provided. If you request hot stones, I must have additional time to set up.

I see patients with disabilities and comorbidities. If you have a condition that falls in line with the contraindications for massage therapy, you will need a doctor's note stating that you are clear to proceed with treatment.

If you are pregnant and having complications, you must provide a doctor's clearance before massage therapy or facials are provided.

If you have had COVID, you must provide proof that you are at least 10 days past first positive test before I will proceed with treatment.

FLORIDA COVID-19 RESPONSE: <https://floridahealthcovid19.gov>

FLORIDA BOARD OF MASSAGE: <http://flhealthsource.gov/pdf/05272020-massage-email-communication.pdf>



Practitioner/Clinic Name: _____

Office Policies

Contact Information: _____

Client Information

Client Name: _____ Date: _____ Date of Birth: _____

Please be advised of the policies for this office. Your signature below signifies acceptance of these policies.

Cancellation

Amid the ongoing uncertainty of COVID-19, we have modified our cancellation policy to offer greater flexibility to all our clients. We hope this will alleviate any stress and hesitation you have about an upcoming appointment. If you need to reschedule for whatever reason, and especially if you are not feeling well, we understand and request for you to please contact us as soon as possible to reschedule. To further support you, there will be no penalties for cancellations at this time.

Tardiness

Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment.

Sickness

Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee may be waived.

If this office is providing billing services, please be advised of our billing policies.

Cancellation

We do not bill insurance companies for missed appointments or late cancellations. You are responsible for paying the missed appointment/late cancellation fees.

Financial Responsibility

Once your insurance is verified, we will bill and accept payment from your insurance company for covered services. In the event that the insurance company denies payment or makes partial payment, you are responsible for the balance, deductibles, and co-pays. Your signature below confirms your financial responsibility for all services regardless of insurance reimbursement.

Assignment of Benefits

Your signature below authorizes and directs payment of medical benefits to the massage/bodywork practitioner for services provided by this office.

Release of Medical Records

Your signature below authorizes the release of all of your medical records on file in this office, for the purpose of processing your claims, to the following: your attorney, the healthcare providers attending to this condition, and the insurance case managers. Medical records will not be edited unless otherwise stated in an exclusive release of medical records signed through your attorney.

Signature: _____ Date: _____



MEMBER
Associated Bodywork & Massage Professionals



COVID-19 Health Information & Informed Consent

Client Name: _____

Date: _____

This document contains important information about your decision to receive services in light of the COVID-19 public health crisis. Please read and fill out this form carefully and let me know if you have any questions.

COVID-19 Information

Please answer these COVID-19 health questions below:

1. Have you had a fever in the last 24 hours of 100°F or above? Yes ☐ No ☐
2. Do you now, or have you recently had, any respiratory or flu symptoms (including fever, chills, sore throat, cough, muscle aches, or shortness of breath)? Yes ☐ No ☐
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes ☐ No ☐
4. Have you traveled anywhere outside of the state in the last two weeks? Yes ☐ No ☐

Location: _____

5. Have you had a new loss of sense of taste or smell? Yes ☐ No ☐

The following questions are specific to a new aspect of COVID-19 involving blood coagulation.

6. Can you exercise to get your heart rate and respiratory rate up without any problem? Yes ☐ No ☐
7. Have you had a new onset of muscle aches and pain since the emergence of the virus? Yes ☐ No ☐
8. Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin? Yes ☐ No ☐



Practitioner/Clinic Name: _____

Screening Questionnaire

Contact Information: _____

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Client Information

Client Name: _____ Date: _____

Preferred phone number: _____ Best time to call: _____

Email address: _____ Preferred form of communication: _____

Massage Information

How did you hear about me? (referral, Facebook, etc.) _____

Is this a gift certificate? Yes ☐ No ☐

Massage history:

Have you had a massage/bodywork before? Yes ☐ No ☐

Frequency: _____

Types of massage/bodywork received: _____

Preferred types of massage: _____

Reasons for seeking massage? (relaxation, injury, etc.) _____

Description of injury/health condition: _____

Possible complications/medications: _____

Expected outcomes (functional improvement, symptom relief, wellness): _____

Typical activities of daily living (affected by condition?): _____

Occupation (affected by condition?): _____

Are you seeking insurance reimbursement? Yes ☐ No ☐

Car collision/personal injury? _____

On-the-job injury? _____

Private health insurance? _____

Do you have a physician referral with diagnosis codes? _____

Let clients know if you provide billing services, and if so, for what types of claims, or if you will simply provide receipts and/or copies of records for them to submit for reimbursement. Let clients know a physician referral demonstrating medical necessity is required for insurance reimbursement/health savings account reimbursement regardless of who submits bills.

Best times for massage: _____



Client Arrival: Check-In Screening Protocol

Use this scripted protocol as a guide for your client check-in screenings.

Practitioner: _____

Client Name: _____

Date: _____

We are asking clients to wear masks. Did you bring one with you today?

Response A: Great, please put it on.

Response B: No problem. I have a clean disposable mask you can use.

As a reminder, you and I will both wear our face coverings throughout our session today.

- You will already have given them direction about this new protocol in your booking reply or confirmation email. A reminder phone call is where you discuss any questions, concerns, or hesitations the client has about wearing a face covering during the massage. Reassure clients you will work through the process together.
- Verbally assist the client in how to adjust the mask if they seem unfamiliar or are wearing it incorrectly.
- Make a note at the bottom of this document or in the client's file regarding any variances in PPE use (use of gloves at client's request, client had discomfort wearing mask in prone position and removed mask for approx. 12 minutes, client asked for side-lying positioning instead of prone work because of mask discomfort in face cradle, etc.)

Please answer a few questions before we proceed.

1. Have you had a fever in the last 24 hours of 100°F or above? Yes ☐ No ☐
2. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? Yes ☐ No ☐
3. Do you now, or have you recently had, any chills, muscle aches, new loss of taste or smell, or new rashes or lesions? Yes ☐ No ☐
4. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes ☐ No ☐

(If clients answer yes to any of these, cancel the appointment without penalty and reschedule)

I'll just need to record your temperature for my notes: _____

(use a no-contact thermometer to assess client)

Now, let's both apply a healthy pump of hand sanitizer and rub it in until it's dry. Then we'll head into the pre-sanitized treatment room.

Have a small printout from the CDC or WHO regarding hand sanitizer protocol nearby for the client to see and follow. Did you know you should use enough hand sanitizer to rub it into your hands for 20–30 seconds?

Do you have any questions for me?

Record PPE Variances: _____