**Carol L. Wetherill MTP, LMT, CCP, Cht.**

8975 Guilford Road, Suite 170, Columbia, MD 21046 301-980-6725 [www.intrinsicyou.com](http://www.intrinsicyou.com) carolwetherill@gmail.com carol@intrinsicyou.com

**Client Informed Consent**

I understand that close contact with people increases the risk of infection from covid-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage from this practitioner.

Also, I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for covid-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow up by the health department

Clarification – As I understand it, this is contact information only – not your confidential health records/soap notes.

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