



PATIENT MEMORANDUM OF UNDERSTANDING AND LIMITATION OF LIABILITY • Welcome to In Balance Physical Therapy and Pelvic Health (In Balance PT) • At In Balance PT our goal is to provide you with the best treatment possible.

• In light of the ongoing COVID-19 crisis, we need to administer additional steps guided by Department of Health, CDC, WHO and our governing offices to ensure the wellness and safety of our clients and our staff.

This includes the below memorandum of understanding and waiver of liability.

• You (patient/and or guardian) _____, understand that the COVID-19 crisis is ongoing and both you and In Balance PT will take additional steps to ensure the safety of all patients and staff. These include:

o Remote check-in. At least 24 hours before your scheduled appointment, please fill out this form and answer the following questions: please circle

▪ Have you at any time been diagnosed with COVID-19 • If yes, when was your diagnosis?

▪ Within the past 72 hours have you had an elevated temperature (above 99.5)? Y or N ▪ Within the past 72 hours have you had any headaches, sore throat, coughing or other respiratory, nausea/vomiting or diarrhea, or other symptoms associated with COVID-19? Y or N ▪ Within the past 14 days, have you had contact with anyone that has been diagnosed with or has symptoms associated with COVID-19? Y or N ▪ Have you recently returned from international/national travel within the past 14 days. Y or N If so, please elaborate _____

▪ In the event a scheduled appointment is cancelled for any of the above reasons, the patient's \$50 cancellation fee will be waived.

• In the event of such waiver, the patient will be required to wait two weeks before they are permitted to schedule the next appointment unless they can provide a physician's note that they are not infected and cleared for treatment.

o While waiting for the appointment:

o Please arrive about 5-10 minutes before your scheduled appointment.

o Please call the office when you arrive at the parking lot to complete check-in, cover your copay (applicable for credit card only), and schedule future appointments. We then let you know when you can proceed to the office for treatment.

o We are prohibiting visitors from joining you with the exceptions of minors and elderly and handicapped individuals.

o Please be prepared to have your temperature taken when before entering in the treatment room.

▪ Any patient with an elevated temperature above 99.1 will be asked to respectfully leave the office and seek treatment at a later date.

o When in the office:

▪ All patients (and escorts) are required to wear masks at all times. (If you don't have a mask one will be provided for you) ▪ Patients are required to wash their hands located in the hallway of the office or in the restrooms immediately upon entering the office and after their session has concluded.

▪ The In Balance PT team will incorporate all reasonable efforts to keep physical distance between patients except when hands on treatment is provided. This includes all common areas e.g. waiting room, front desk, restroom, etc.

▪ Telehealth services after the initial evaluation will be performed per patient request if covered by insurance.

IN BALANCE PHYSICAL THERAPY & PELVIC HEALTH

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- Despite these efforts and additional efforts taken by In Balance PT to prevent the spread of COVID-19 there is no guarantee that the patient will not be infected either directly or indirectly through their treatment at In Balance PT
- You (patient/guardian) _____, expressly waive any and all liability to In Balance PT in connection with COVID-19 including but not limited to any infection of COVID-19 directly or indirectly related to your treatment at In Balance PT • Failure to sign and submit this waiver prior to your appointment at In Balance PT will preclude you from receiving treatment.
- Thank you again for choosing our practice in your quest for wellness. We look forward to providing all our patients with the safest experience possible.

Signed:

Dated:

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