

Service Provider Information Name:
Christian Albrecht (Eurosteo)
Katharina Goetze (Katharinas House of Osteopathy Inc)

2451 St Joseph Blvd, Ottawa, K1C 4E9

I hereby acknowledge that I have agreed to meet with Christian Albrecht / Katharina Goetze and receive osteopathic manual therapy, I am aware of the following:

1. There is a risk that I could be exposed to severe acute respiratory syndrome coronavirus 2, the virus responsible for COVID-19 (hereinafter referred to as “COVID 19”) while attending at the Facility to receive the Services. I accept and acknowledge that I could be exposed to COVID 19 through the following means (this list is not exhaustive):
 - a. My physical presence at the Facility;
 - b. My interactions with other patients or members of the public who are present at the Facility at the time of my attendance;
 - c. My interactions with staff, agents and other health care professionals at the Facility; and
 - d. The physical touching of any equipment or fixtures in the Facility.

2. While receiving services, the Service Provider may need to be physically closer to me than the recommended social distancing guidelines in order to assess and/or treat me. I acknowledge that I have read and fully understand the risks as described above. I acknowledge and confirm that I am willing to accept these risks as a condition of attending at the Facility to receive the Services from Christian Albrecht / Katharina Goetze

I confirm that any questions that I had regarding the provision of the Services during the COVID 19 pandemic have been answered by the Service Provider.

Name of Patient/Client: _____

Signature of Patient/Client: _____

Witness: _____

Date: _____