



INFORMED TREATMENT CONSENT - COVID-19 PANDEMIC

I understand that COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread by person-to-person contact and health agencies recommend social distancing.

I recognize that the medical providers and staff are closely monitoring this situation and have put in place reasonable preventive measures targeted to reduce the spread of COVID-19. Given the nature of the virus, however, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of entering the clinic and proceeding with this elective treatment.

I understand that I must wear a mask before entering the clinic, remain wearing the mask throughout the procedure and remain wearing the mask when leaving the clinic. I understand that I must perform the required hand hygiene with hand sanitizer or hand washing before proceeding to the area of where my procedure will be performed.

I understand that even if I have been tested for COVID-19 and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID-19 after the test. I understand that if I have a COVID-19 infection and even if I do not have any symptoms, proceeding with this elective treatment can lead to a higher chance of complications.

I understand that COVID-19 may cause additional risks, which may not currently be known at this time, in addition to the risks described in this Informed Consent, as well as those risks for the treatment itself.

I understand all the potential risks, including, but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired treatment. I acknowledge that I have been offered a copy of this consent form.

I _____, understand that I am opting for an elective treatment that is not urgent and may not be medically necessary. I understand the explanation and have no more questions and consent to the procedure.

I understand that this form will be confidentially kept for records, however, can be accessed by a Public Health agent if records are requested during clinic inspection.

Patient First & Last Name

Patient Signature

Date signed