I, ____

Understand that I am opting for an elective treatment/procedure/surgery that is not urgent and may not be medically necessary.

I also understand that the coronavirus, COVID-19, has been declared a worldwide pandemic by healthcare organizations. I further understand that Covid-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize that this medical facility is closely monitoring the situation and has taken appropriate measures to ensure the safety of the healthcare workers and the patients. I understand there is an inherent risk of becoming infected with Covid-19 by virtue and proceeding with my proposed procedure. I hereby acknowledge and assume risk of becoming infected with Covid-19 through this elective procedure.

I understand that, even if I have been tested for Covid-19 and received a negative test result, I understand there is a possibility of a false negative result. Since I was tested there is always a chance that I could have been infected with the virus. I understand that, if I have the Covid-19 virus, and even if I do not present with any symptoms, proceeding with this elective procedure can lead to higher chance of complications or even death.

I understand that a possible exposure to Covid-19 before-during-after my procedure may result in a positive Covid-19 result, subjected to be quarantined, self-isolation, testing, hospitalization that could require medical interventions to include but not limit to ICU, intubation/ventilation either short-term or long-term, and other potential complications and even death.

I understand Covid-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well to the risks that come along with my proposed procedure.

I understand I may choose to postpone my procedure at this time. My physician has fully explained the risks, benefits and alternatives for performing my procedure during a national pandemic. I fully understand the risks and I choose to proceed with the planned procedure. I have been given the opportunity to ask questions and I am satisfied with my physician's explanation. I fully consent to my planned procedure.

Patient's Signature

Date

Time

Witness Signature

Created 5-1-20