

Informed Consent – COVID-19 Pandemic

I, _____ understand that I am opting for a service that is not urgent and not medically necessary.

I also understand that the coronavirus disease (COVID -19) has been declared a worldwide pandemic by the World Health Organization. I further understand COVID -19 is extremely contagious. State and federal health agencies recommend social distancing.

I recognize that the staff at _____ are closely monitoring this situation and have put in place reasonable preventive measures targeted to reduce the spread of the virus. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID - 19.

Accordingly, I acknowledge and assume the risk of becoming infected with COVID - 19, and any variation or mutation thereof, through this elective service and I gave my express permission to _____ to proceed with said service. This consent applies to any follow up or additional services in the upcoming months.

I understand that even if I have been tested for COVID - 19 and received a negative test result, the tests may not have detected the virus or I may have contracted COVID - 19 after the test. I will not hold this business and the professionals offering the service responsible for any liability related to COVID - 19 and any variation or mutation thereof.

I understand that exposure to COVID - 19 before, during or after my procedure (s) may result in complications and/or delayed healing.

I have been given the option to defer my service to a later date. However, I understand all the risks including those noted herein and I would like to proceed with this service. I have been offered a copy of this consent form.

I understand the explanation and consent to the procedure

Consent and release for procedures performed:

Print name

Sign

Date