

## 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 this virus. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 if I proceed with this elective service.

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 for the staff at \_\_\_\_\_ to proceed with the same. 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 professional 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.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_