

## COVID-19 RISK INFORMED CONSENT

I \_\_\_\_\_ (patient name) understand that I am opting to pursue an elective treatment/procedure/surgery that is not urgent and may not be medically necessary.

I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. 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 provincial health authorities recommend social distancing. I recognize that Dr. \_\_\_\_\_ and all the staff at Clinic 805 have complied with the guidelines of the Provincial Health Officer closely monitoring this situation, and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with an elective treatment/procedure/surgery. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through the process of any elective treatment/procedure/surgery (including attendance at Clinic 805 for consultation, post-operative care, and follow-up purposes), and I give my express permission for Dr. \_\_\_\_\_ and all the staff at Clinic 805 to proceed with same.

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 for the same, proceeding with an elective treatment/procedure/surgery can lead to a higher chance of complication and death.

I understand that possible exposure to COVID-19 before, during, and/or after any treatment/procedure/surgery may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after any elective treatment/procedure/surgery, I may need additional care that may require me to go to an emergency room or be admitted to a hospital.

I understand that 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 as those risks for the treatment/procedure/surgery itself.

I have been given the option to defer my treatment/procedure/surgery to a later date. However, 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. I agree to attend all appointments before and after any treatment/procedure/surgery, as Clinic 805 deems requisite for my care during the COVID-19 pandemic.

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_