



## COVID-19 INFORMED CONSENT

I, \_\_\_\_\_ (patient name) understand that I am opting for an elective treatment/procedure/surgery.

I understand that COVID-19 is extremely contagious and is believed to be spread by person-to-person contact; and as a result, federal and state health agencies recommend social distancing. However, given the nature of this virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment/procedure/surgery and hereby acknowledge and assume the risk of becoming infected with the COVID-19 virus.

I understand that even if I have been tested for COVID-19 and received a negative result, the tests in some cases may fail to detect the virus or 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 this elective procedure can lead to a higher chance of complications, I understand that COVID-19 may cause additional risks, some of which may not currently be known at this time.

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 with my treatment plan.

I recognize that Dr. Nagy and all the staff at the practice are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19.

The risks have been explained to me and I have no further questions at this time.

\_\_\_\_\_  
Patient or authorized person to sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date