

COVID-19 RISK INFORMED CONSENT

I am choosing to have an elective treatment (includes all consultations, office visits, treatments, procedures, surgery) that is not urgent and may not be medically necessary during the time of a COVID-19 pandemic.

I also understand that:

- COVID-19 is extremely contagious and believed to spread by person-to-person contact, therefore federal and state health agencies recommend social distancing. My surgeon and staff at aFresh Med Spa & Plastic Surgery are closely monitoring this situation and put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, there is a risk of becoming infected with COVID-19 by having this treatment.
- Even if I was tested for COVID-19 and received a negative test result, the tests may not detect the virus or I may have contracted COVID-19 after the test.
- If I have a COVID-19 infection, and do not have any symptoms, proceeding with this elective treatment can lead to a higher chance of complications and death.
- Exposure to COVID-19 around the time of my treatment may result in a COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, intensive care treatment, need for short or long-term intubation/ventilator support, other potential complications, and the risk of death. COVID-19 may cause additional risks, some or many of which may not currently be known at this time.
- After treatment, I may need additional care requiring me to go to an emergency room or hospital.
- I am responsible for all costs of any COVID-19 related treatments.
- I have been given the opportunity to postpone my treatment until the COVID-19 pandemic is less prevalent, but I choose to have my treatment performed now.

Neither I, nor any individual I have been in contact with in the past 14 days, has any COVID-19 symptoms listed by the Centers for Disease Control <https://www.cdc.gov/coronavirus> which website I have consulted. I, nor any individual living with me during the past 14 days, has experienced any such symptoms; and I and all persons living with me for the past 14 days have practiced all personal hygiene, social distancing and other COVID-19 recommendations contained within all governmental orders issued by my city and state. I understand I must honestly disclose this information to avoid putting myself and others at risk.

I understand the above information and assume the risks, I was able to ask questions, my questions were answered, and I give my permission to have the treatment.

Patient Name (print) _____

Signature _____ Date _____