

**INFORMED CONSENT-COVID-19 PANDEMIC**

I understand that I am opting for an elective treatment 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 contagious and is believed to spread by person to person contact and accordingly, federal and state health agencies recommend social distancing.

I recognize that Suite Six medical providers and staff are closely monitoring this situation and have put in place reasonable preventative measures targeted to reduce the spread of COVID-19. Given the nature of this virus, however, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment.

I acknowledge and assume the risk of becoming infected with COVID-19 through the elective treatment, and I give my express permission for the medical providers and staff at Suite Six to proceed with this treatment.

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 in this Informed Consent, as well as those risks for the treatment itself.

I have been given the option to defer my treatment 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 desired treatment at this time.

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE PROCEDURE.

CLIENT SIGNIATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_