

[SAMPLE SEPARATE INFORMED CONSENT]

*This consent form is designed to be used in addition to the surgery or procedure consent form.*

**ELECTIVE SURGERY OR ELECTIVE PROCEDURE DURING COVID-19 PANDEMIC**

**INFORMED CONSENT**

I (patient or guardian name) \_\_\_\_\_ authorize Dr. \_\_\_\_\_ to perform an elective surgery or procedure during the COVID-19 pandemic. I understand that my decision to proceed forward with the surgery or procedure at this time is completely voluntary. I have discussed the level of urgency of my condition with my provider and I understand that this elective surgery or procedure may not need to be performed at this time.

The alternative(s) to performing the surgery or procedure at this time for my condition include:

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Should I decide to delay the elective surgery or procedure, the risks of such a delay may include:

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I have been provided with detailed information on the COVID-19 virus, the issues, and risks associated with performing elective surgeries or procedures during the COVID-19 pandemic. I have been informed I will receive additional pre-surgical screening to include a COVID-19 test. 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 if I have a COVID-19 infection, even if I do not have any symptoms, proceeding with this elective surgery or procedure can lead to a higher chance of complications during my recovery including difficulty fighting the virus due to weakened immunity, and may result in disability, or death.

I have been informed that the (practice/hospital) follows all CDC recommendations to prevent exposure to the COVID-19 virus. I understand that, despite these safety measures, there is a risk that performing this elective surgery or procedure, including the care associated with it, could result in exposure to or contracting the COVID-19 virus.

I understand that this additional Consent Form is only being used because of the unique circumstances surrounding the pandemic and to assure I understand the additional risks associated with having elective surgery or an elective procedure at this time. I understand that I will be provided a separate Consent Form for review and signature specific to the elective surgery or elective procedure to be performed.

- I understand the risks to my health during the COVID-19 pandemic, and I want to proceed with the elective surgery or procedure.
  
- After reviewing the risks and benefits, I wish to defer my elective procedure or surgery. I understand if my condition changes, the surgery may become necessary, and I agree to notify my physician of any changes.

DO NOT SIGN THIS FORM IF YOUR QUESTIONS HAVE NOT BEEN ANSWERED TO YOUR SATISFACTION.

IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THE RISKS OR DANGERS OF HAVING AN ELECTIVE SURGERY OR AN ELECTIVE PROCEDURE AT THIS TIME, PLEASE ASK YOUR PHYSICIAN/SURGEON NOW BEFORE YOU SIGN THIS CONSENT FORM.

DO NOT SIGN UNLESS YOU HAVE READ THIS ENTIRE FORM ALONG WITH ANY OTHER PRINTED INFORMATION.

Patient/Guardian/Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: (If required by Hospital Policy): \_\_\_\_\_

Date: \_\_\_\_\_

I have personally explained the contents of this consent document and verbally educated the patient regarding the COVID-19 virus and risks associated with the planned treatment. I have requested the patient repeat back to me critical points to verify their understanding. I have answered all of the patient's questions, if any.

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_