

COVID-19 RISK INFORMED CONSENT

Myself, as well as my staff, are committed to creating safe environment for patients, staff and to supporting the well being of our community. Please take a moment to review and acknowledge the following information regarding the COVID-19 virus.

The COVID-19 virus is a very contagious disease, classified as a pandemic by The World Health Organization. I understand that COVID-19 virus has a long incubation period, during which carriers of the disease may not show symptoms, and still be highly contagious. It is impossible to know who has it and who does not.

We've taken steps to reduce the possibility of transmitting any disease in our office, including COVID-19, but there is still a possibility of transmission. We've altered the frequency and timing of patient visits, and follow physical distancing protocols where ever possible. Our installation of plexiglass barriers, disinfection of contact surfaces, sterilization procedures and use of personal protective equipment, dramatically lower the risk of disease contraction in our setting. It does not eliminate the risk.

I understand and accept the risks associated with contracting COVID-19 as a patient in our podiatry office. I acknowledge that I could contract the COVID-19 virus before or after my visit, from other sources. I agree to continue with my podiatry care.

Patient Name (Please Print)

Date

Signature of Patient or Person Authorized to Sign for Patient