



Informed Consent Covid-19 Risk for Non-Surgical Treatments and Procedures

It is important that you read the information below carefully and have all your questions answered prior to signing. If you would like a copy of this consent form, please initial here: _____

I understand that I am opting for an elective treatment or procedure 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 extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing.

I recognize that Annie and all the staff at Skin Charm are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment or procedure.

I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment or procedure, and I give my express permission for Annie and all the staff at Skin Charm to proceed with the same.

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 that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective treatment or procedure can lead to a higher chance of complication and death.

I understand that possible exposure to COVID-19 before, during and after my treatment or procedure may result in the following:

- A positive COVID-19 diagnosis
- Extended quarantine/self-isolation
- Additional tests
- Hospitalization that may require medical therapy, intensive care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death.

In addition, after my elective treatment or procedure, I may need additional care that may require me to go to an emergency room or a hospital. 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 herein, as well as those risks for the treatment or procedure itself.

I have been given the option to defer my treatment or procedure 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 or procedure.

DISCLAIMER: Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

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

PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT

DATE

WITNESS

DATE