

COVID-19 INFORMED CONSENT

I, the undersigned Patient, understand that I am opting for an in-person appointment or a non-emergency or elective treatment that is not considered urgent and may not be medically necessary.

I also understand that the novel coronavirus, commonly known as COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). It is understood that COVID-19 is extremely contagious and is believed to be spread by person-to-person contact. As a result, WHO recommends physical distancing of at least three (3) feet. I recognize that Elie Sader, MD, PLLC (the "Practice") and all of its staff 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 fully understand there is an inherent risk of being exposed and the potential of becoming infected with COVID-19 by virtue of proceeding with any in-person appointment and/or elective treatment.

By signing below, I hereby acknowledge and assume the risk of potential infection with COVID-19 through any in-person appointment and/or elective treatment, and I give my express, voluntary permission for the Practice 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 show a false negative or I may have contracted COVID-19 after the test was completed.

I understand that possible exposure to COVID-19 before/during/after my treatment may result in any or all of 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, I may need additional care that may require me to go to an emergency room or a hospital. I further understand that COVID-19 may cause additional risks, which may or may not be known at this time, in addition to the risks above.

I have been given the opportunity to discuss this with the Practice, including the option to defer my in-person appointment and/or treatment to a later date. After all my questions have been answered, 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 voluntarily elect to proceed with my desired in-person appointment and/or treatment.

I further agree to hold Elie Sader, MD, the Practice, and all its associates and staff harmless from any and all liabilities and claims, which may arise as a result of this consent, which I voluntarily sign on the date hereof.

I represent that I am of sound mind and am legally competent to understand and complete this agreement. I hereby execute this consent form without coercion.

Patient's Signature

Date

Patient's Printed Name