

**SPECIAL CONSENT FORM FOR AN ELECTIVE SURGERY OR PROCEDURE
DURING THE COVID-19 PANDEMIC**

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 understand that this elective surgery or procedure may not need to be performed at this time.

Alternative(s) to performing the surgery or procedure at this time include:

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

I acknowledge that I have been provided with an informational document which I have received and read entitled: **(Provider: do a one- time insertion of the name of the informational document)**. I understand this document provides additional detailed information on the issues and risks associated with performing elective surgeries or procedures during the COVID-19 pandemic and what safeguards will be instituted to minimize that I could be infected by the COVID-19 virus.

Despite safeguards instituted to minimize infection, I understand that there is a risk that performing this elective surgery or procedure, and the care associated with it, may result in my becoming infected with the COVID-19 virus. Such infection could further result in: significant sickness, disability, or death.

I understand that in addition to this Special Consent Form for An Elective Surgery or Procedure During the COVID-19 Pandemic, I will be provided a separate Consent Form for review regarding the particular surgery or procedure to be performed. I understand that this Special Consent Form is only being used because of the unique circumstances surrounding the pandemic.

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF PERFORMING AN ELECTIVE SURGERY OR PROCEDURE AT THIS TIME, ASK YOUR PHYSICIAN/SURGEON NOW BEFORE SIGNING THIS CONSENT FORM.

DO NOT SIGN UNLESS YOU HAVE READ THIS FORM IN ITS ENTIRETY ALONG WITH THE PATIENT COMMUNICATION DOCUMENT ENTITLED (Provider: do a one-time insertion of the name of the informational document).

Patient/Guardian/Responsible Party: _____

Date: _____

I have personally explained the contents of this document to the patient, and I have answered all of the patient's questions, if any. To the best of my knowledge, I believe the patient has been adequately informed of, and consented to, this Special Consent for An Elective Surgery or Procedure During the COVID-19 Pandemic.

Physician's Signature: _____

Date: _____