

Surgery During COVID Patient Authorization and Consent Form

On March 11, 2020, the World Health Organization declared the COVID-19 disease a pandemic. As a result, many hospitals and surgery centers put a hold on all elective and non-urgent procedures and surgeries. This was part of an effort to save personal protective equipment (PPE) for frontline healthcare workers treating COVID-19 patients.

In many areas of the country, there is enough PPE, and elective/non-urgent procedures and surgeries are resuming. However, there is still a risk for performing these procedures and surgeries during the COVID-19 pandemic. These risks include but are not limited to exposure to other patients, healthcare staff, and healthcare facilities.

More Facts

I understand that COVID-19 is very contagious. It is most likely spread by person-to-person contact. I understand that my doctor and his or her staff will follow all laws and recommendations from local, state, and national health officials. However, there are still risks of being infected with COVID-19 during a procedure or surgery. I agree to assume the risks, and I give permission for my doctor and the staff to perform a procedure or surgery on me.

Some patients have a higher risk of complications from COVID-19, including those with:

- asthma,
- chronic lung disease,
- serious heart disease or problems,
- chronic kidney disease,
- extreme obesity,
- a compromised or suppressed immune system,
- liver disease,
- pregnant,
- age 65 or older, or
- nursing home or long-term care facility residents.

Some risks are not yet known. I understand that if I have one or more of these conditions, I may have a higher chance for 1) getting COVID-19 and 2) health problems if I get COVID-19. I understand that these problems may be serious. I may have to be in the hospital for a long time and could even die.

I understand that possible exposure to COVID-19 before, during, or after my procedure or surgery may result in: a COVID-19 diagnosis, a long quarantine or self-isolation, more tests, being in the hospital, intensive care treatment, intubation/ventilator support, short-term or long-term intubation, other complications, and the risk of death. Also, after my elective/non-urgent procedure or surgery, I may need to go to an emergency room or a hospital for care. I have been given the option to wait until a later date to have my procedure/surgery.

I understand all of the risks, including but not limited to the potential problems related to COVID-19, and I would like to proceed with the procedure/surgery.

Consent to Treatment

_____The first page of this consent form told you about COVID-related risks. If, after reviewing this form, you do not believe that you really understand the risks and choices, **do not sign the form until all questions have been answered.**

_____I understand the facts provided to me on the first page of this consent form. I give my consent for elective/non-urgent procedures and surgeries. By signing below, I agree that staff/doctor has discussed the facts in this form with me, that no one has given me any guarantee, that I have had a chance to ask questions, and that all of my questions have been answered.

Printed Name of Patient or Responsible Party

Signature of Patient or Responsible Party

Date and Time

Relationship to Patient (if Responsible Party is not Patient)

Witness

Date and Time