

Consent to Treat During COVID-19 Pandemic



I _____ am choosing to get health care that is elective and non-emergent.

I understand that I am getting care during the COVID-19 pandemic. It is easy for COVID-19 to spread from person to person. I am aware that the government recommends social distancing (keeping distance from others) to avoid this spread.

While **Pacific Family Health Center** follows state and federal infection control guidelines to stop spreading COVID-19, I know that I could still become infected by others who are present during my treatment. Those present may or may not know they are infected, and this adds a risk to moving forward with care.

By reading this form, I know that **Pacific Family Health Center** is taking these measures to protect patients and staff from COVID-19:

- Carefully choosing patients for elective care
- Social distancing when possible
- Screening staff and patients ahead of time
- Using Personal Protective Equipment (PPE)
- Infection control cleaning based on state and federal recommendations

Knowing the risks, I would like to move forward with my treatment. I have been given the choice to receive care at a later time. I am aware that I can talk about this option with my provider.

I confirm that I have read and understand this form. I have been given the chance to ask questions. My questions have been fully answered.

Patient or Legal Representative

Signature: _____ Date: _____ Time: _____

Representative's Relationship to Patient: _____

Interpreter: No Yes: Interpreter Name: _____

Provider Signature: _____ Date: _____ Time: _____