PRECISION
SURGERY CENTER OF NAPA VALLEY

COVID-19 INFORMED CONSENT

I understand that I am consenting to an elective treatment/procedure/surgery that is not urgent or emergent. I also understand that the coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and, and as a result, federal and state health agencies recommend vaccination, hand hygiene, facial masks, and social distancing where appropriate. I understand that Precision Surgery Center of Napa Valley and my surgeon have established safety measures to reduce the spread of COVID-19.

I understand that even if I have received a negative COVID-19 test result, the test may have failed to detect the virus, or I may have become infected after I took the test. I understand that even if I do not have any symptoms, I may have a COVID-19 infection. I understand that having the COVID-19 vaccine, does not guarantee that I will not get the virus. I understand that by entering a surgery center to have an elective treatment/procedure/surgery, I am exposing myself to staff members, physicians, and other patients.

I understand that exposure to COVID-19 before, during, and after my treatment/procedure/surgery may result in the following: a positive COVID-19 diagnosis, extended isolation, additional tests, and hospitalization, up to and including the need for treatment in intensive care (ICU), short-term or long-tern intubation, other complications, and death. I understand that COVID-19 may cause additional risks, some of which may not be known at this time.

I understand that this elective procedure may put me at increased risk for exposure and becoming infected with COVID-19. By signing this consent form, I accept the risk and give my permission to proceed with the treatment/procedure/surgery indicated in my orders. I have been given the choice to have my treatment/procedure/surgery at a later date. I understand the potential risks vs delaying and I want to proceed. I have read this consent or have had someone read it to me.

Patient (or Patient Representative) Signature _____ Date _____

Provider Signature _____ Date _____