

**CATHOLIC HEALTH COVID-19 INFORMED CONSENT FOR
NON-EMERGENT TREATMENT/PROCEDURE/SURGERY**

I have agreed to undergo a non-emergent treatment/procedure/surgery for a medical condition which is not at the present time life-threatening or otherwise immediately necessary. I understand that my decision to proceed forward with the treatment/procedure/surgery at this time is completely voluntary.

I acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic and I also understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal, state and local health agencies recommend social distancing.

I recognize that my proceduralist, along with all of the hospital staff and services supporting my non-emergent treatment/procedure/surgery, are collectively monitoring this situation closely and have put in place reasonable preventative measures to detect and reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this non-emergent treatment/procedure/surgery. I also understand that COVID-19 may cause additional risks, some of which may not be currently known at this time, in addition to the risks described herein, as well as those risks for the treatment/procedure/surgery itself.

I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this non-emergent treatment/procedure/surgery, and I give my express permission to my proceduralist and the hospital staff to proceed with the same. I understand that this special consent form is only being used because of the unique circumstances surrounding the pandemic. My signature confirms the risks of having this non-emergent treatment/procedure/surgery during the COVID-19 pandemic have been explained to me, are understood and accepted.

Patient or Patient's Legal Representative

Date

Time

Witness

Date

Time



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