



INFORMED CONSENT FORM: COVID-19

This document provides important information about the decision to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully as your signature is required on this form in order to be seen by any of our providers. If you have any questions or require explanations, please ask a Skin Dermatology Team Member.

COVID-19, has been declared a worldwide pandemic by the World Health Organization. I understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize that Skin Dermatology is closely monitoring this situation and have put in place reasonable preventative measures aimed to 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 medical visit/treatment/procedure/surgery, referred to herein as office visit. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this office visit, and I give my express permission for the provider and the team at Skin Dermatology to proceed with the same.

I understand that, even if I have been tested for COVID and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID after the test. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this office visit can lead to a higher chance of complication and death.

I understand that possible exposure to COVID-19 before/during/after my treatment/procedure/surgery may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my office visit, I may need additional care that may require me to go to an emergency room or a hospital.

I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the office visit itself.

I have been given the option to defer my office visit to a later date or to schedule a Telehealth visit. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired medical visit/treatment/procedure/surgery.



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In-Person Appointments

In Dermatology, there will always be a need for in-person appointments, as many conditions require a hands-on approach to diagnosis and treatment. You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk).

We do offer Telehealth services to limit exposure. Telehealth helps us to care for you safely, by limiting in person contact and continuing to help limit the spread of viruses and promote social distancing which in turn will help keep everyone safe and limit the burden on the healthcare system. By limiting in office encounters, we will limit our use of personal protective equipment (PPE) and allow more to be available for front line workers.

We use Telehealth to support, not replace, traditional in-person provider care. Telehealth provides you with the following benefits:

- **It's Convenient** – Receive dermatology care from the comfort of your home or any private location where you have mobile access, saving you time and potential frustration
- **It's Secure** – Our technology for Telehealth is 100% HIPAA compliant, ensuring your private health information is protected
- **It's Safe** – Reduces your risk of exposure to a new illness
- **It's Simple** – All you require is a computer, smartphone, tablet or any device with a camera and high-speed internet connection

Again, we highly suggest if your appointment is a candidate for Telehealth that you utilize this offering. Our Team will work with you to ensure you are set-up and comfortable prior to your appointment.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in rescheduling, cancellation or termination of the visit.

- You will only keep your in-person appointment if you are symptom free.
- You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. Your temperature will also be taken upon arrival at our facility.
- You will complete the required Skin Dermatology Wellness Form.
- You will wait in your car or outside [or in a designated safer waiting area] until you receive a text message that we are ready to proceed with your visit.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the office.



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- You will adhere to the safe distancing precautions we have set up in the waiting room and exam room.
- You should bring your own mask and ensure it is worn in all areas of the office.
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands).
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.
- You will take steps between appointments to minimize your exposure to COVID-19.
- If you have a job that exposes you to other people who are infected, you will immediately let our team know.
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let our team know.
- If a resident of your home tests positive for the infection, you will immediately let our team know.

Please understand that we are committed to keeping you and all our families safe from the spread of this virus. If you show up for an appointment and we believe that you have a fever or other symptoms, or believe you have been exposed, we will require you to leave the office immediately. We can follow up with services by telehealth or reschedule for a later date, as appropriate.

The above precautions may be altered due to local, state or federal orders or guidelines. You will immediately be notified of any changes.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO MEET MY OBLIGATIONS IN ACCORDANCE WITH THIS COVID-19 CONSENT. I HAVE RECEIVED CLEAR EXPLANATIONS REGARDING THE PROVIDED INFORMATION AND MY SIGNATURE BELOW SIGNIFIES MY UNDERSTANDING.

Client*: _____ Date _____

Print Name: _____

* Parent or legal guardian if patient is under age 18 or unable to authorize consent.