

SKIN DEEP LASER MEDSPA

COVID-19 Enhanced Procedures

- We will follow new procedures that will allow us to keep our clients safe and healthy in the post-virus economy. We will implement a longer sanitation time in-between clients by thoroughly sanitizing and sterilizing all treatment rooms.
- Although we have always followed the sanitation protocols enforced by the state board, we commit to go above and beyond the requirements by adhering closely to the CDC guidelines. Our goal is to continue to give our clients exceptional care while keeping them safe in immaculate conditions.
- We have developed and will implement appropriate policies in accordance with federal, state, and local regulations; as well as by following industry best practices regarding:
 - Social distancing and protective equipment
 - Temperature checks
 - Sanitation
 - Use and disinfection of common and high-traffic areas
 - Business travel
- We at Skin Deep want to do everything we can to equip our staff and our community with the necessary tools to fend off any virus -- whether the common cold, the flu, or COVID-19. We will execute our client-screening protocols to this end. Our existing high standards as well as our additional amplified disinfecting and sanitation procedures between each client will be carefully followed. The following sections will provide specifics regarding this implementation.

MICHAEL S. SCHWARTZ, M.D.
SKIN DEEP LASER MEDSPA

CONSENT FOR ELECTIVE PROCEDURE DURING COVID-19

Patient Name: _____ Date of Birth: _____ Date: _____

Please Initial here to Acknowledge Your Consent and Understanding:

_____ I understand that I am undergoing an elective procedure/treatment/surgery that is not urgent and may not be medically necessary.

_____ I also understand the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further 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 all physicians and staff at Michael S. Schwartz, M.D. and Skin Deep Laser Medspa are 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 that there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective procedure. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this procedure and I give physicians and staff at Michael S. Schwartz, M.D. and Skin Deep Laser Medspa express permission to proceed with the same.

_____ I have been given a description of the options to this elective procedure, including delaying treatment or having no treatment at all. In view of this, I elect to proceed with my procedure.

_____ I understand that I may be tested for COVID-19 prior to my surgery, but even that has not been proven to be 100% reliable.

_____ 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 the antibody tests for COVID-19 can be falsely positive or negative. A falsely positive test may indicate that I have immunity when in fact I might not. I understand that, if I have a COVID-19 infection, and even if I don't have symptoms for the same, proceeding with this elective procedure can lead to a higher chance of complications.

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

_____ 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 of the procedure itself.

_____ I have been given the option to defer my procedure to a later date. However, I understand all the potential risks, including but not limited to potential short-term and long-term complications related to COVID-19, and would like to proceed with my desired procedure.

_____ I understand that there is not an absolute way to prevent a person from becoming infected with COVID-19 other than self-quarantine at home.

_____ I understand I can be infected with COVID-19 anywhere outside of my home e.g. grocery store, gym, public transportation, or close contact with an asymptomatic carrier.

_____ I understand, in addition to the surgical and anesthesia risks, the risk of COVID-19

transmission and I acknowledge, I have been given the opportunity to ask any questions and they have been answered to my satisfaction and I have enough information to give this informed consent.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____