

**CORONAVIRUS ACKNOWLEDGEMENT, CONSENT AND WAIVER**

I, \_\_\_\_\_, understand we are in a public health crisis with the global COVID-19 novel coronavirus pandemic and that the CDC recognizes that everyone should stay home unless there is a necessary and essential reason to be out.

Please initial at the beginning of each paragraph below after reading it in full.

\_\_\_\_ I understand that the vast majority of physician services can be provided by telephone or other forms of telehealth, and this was offered to me as a preferred option.

\_\_\_\_ I believe it is absolutely necessary to see my provider in person in their office rather than by telehealth and acknowledge that the visit, procedure(s), test(s) and/or other healthcare services that may be provided to me at the office by my physician or other qualified provider practicing therein, each assisted by other staff as needed, may be necessary and essential medical services, and the performance of these, **if deemed necessary** by my physician or other qualified provider, should occur in a timely manner.

\_\_\_\_ I further acknowledge that if upon seeing me in person, my physician or other qualified provider believes the procedure(s) discussed via telephone or other method in lieu of a face to face visit are **NOT necessary and essential medical services**, he/she may have me reschedule the procedure(s) to a future date.

\_\_\_\_ I acknowledge that there may be additional risks associated with the visit, procedure(s), test(s) and/or other healthcare services that may be provided to me in person in light of the current healthcare environment and the outbreak of the global COVID-19 novel coronavirus pandemic. Despite these and other risks, whether known or unknown, I wish to and consent to proceed with such visit, procedure(s), test(s) and/or other healthcare services **if deemed necessary** by my physician or other qualified provider

\_\_\_\_ In taking advantage of the visit, procedure(s), test(s) and/or other healthcare services, I and my heirs and successors hereby release, discharge and forever hold harmless my physician or other qualified provider and the facility, its staff, officers, directors, agents, employees, volunteers, affiliates, parent, and subsidiaries (collectively, the “Released Parties”), from and against any and all claims, demands, suits, penalties, costs, charges and any and all other liability, including without limitation bodily harm, infection, illness or injury, in connection with, related to, or arising out of any action or inaction of the Released Parties and the provision of the Services by the Released Parties related to any COVID-19 novel coronavirus infections, complications or sequelae.

Patient’s Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Guardian Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_