

## COVID-19 Informed Consent to Treat & Liability Waiver

I understand that novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be transmitted from various sources; it has a long incubation period during which carriers of the virus may not show signs or symptoms and still be contagious. Given the current limitations of COVID-19 viral testing, I understand that determining who is infected is exceptionally difficult.

I understand that I am the decision maker for my health care treatments. Part of my practitioner's responsibility is to provide me with information to assist me in making informed choices; this process involves my understanding and agreement regarding recommended care and the risks of receiving care during a pandemic.

**To proceed with receiving care, I confirm and understand the following** *(please initial in all eight boxes)* **Initial**

I understand that I am opting for an elective treatment and have the option to defer my treatment to a later date.

Given the nature of the virus and method of transmission, I understand there may be risk of COVID-19 infection by proceeding with my recommended treatment. I understand that treatment involves person-to-person contact and that this is one method of transmission.

I understand that due to frequency of patient appointments, attributes of COVID-19 and characteristics of treatments provided, I may have elevated risk of contracting COVID-19 simply by being in a health care clinic.

I confirm that I am not experiencing any of the following symptoms *and that I will be pre-screened before each appointment*: • Fever • Dry cough • Sore throat • Shortness of breath • Runny nose • Loss of sense of taste/smell

I understand that travel increases risk of contracting and transmitting COVID-19 *and that I will be pre-screened before each appointment*. I confirm that I, or anyone I've been in contact with, have not traveled outside of Canada within the last 14 days.

I understand that my practitioner and the clinic have implemented all infection prevention and control measures according to guidelines provided by BC Centre for Disease Control (BCCDC), the Provincial Health Officer, WorkSafeBC and specific health regulatory bodies. I understand that my practitioner and the clinic will closely monitor updates and implement all recommendations in a timely manner.

I understand that if a patient or practitioner at Urban Lotus develops COVID-19 infection, my personal contact information will be shared with the BCCDC for contact tracing purposes.

### CONSENT

I hereby acknowledge and assume the risk of becoming infected with COVID-19 and agree not to take claim or liability proceedings against my practitioner and/or Urban Lotus.

- I knowingly and willingly consent to the recommended treatment with full understanding of the risks associated with receiving care during the COVID-19 pandemic.
- I intend this consent to cover the entire course of care for present and future condition(s) which I seek treatment for at Urban Lotus.
- I consent to my contact information being shared with the BCCDC for contact tracing purposes only.
- I confirm that my questions were answered to my satisfaction.

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_