



Patient Authorization and Consent Form

Appointments and Procedures During COVID-19 Pandemic

On March 11, 2020, the World Health Organization declared the COVID-19 disease a pandemic. As a result, many hospitals, doctor’s offices and surgery centers were asked to put a hold on all elective and non-urgent clinical appointments, procedures and surgeries. On May 1, 2020, the NC Department of Health and Human Services lifted these holds in the state of North Carolina.

We will do all we can to assure that you are protected while at our facility. However, even with proper use of PPE and disinfection methods, there is still a risk of exposure at these types of appointments. This risk includes, but is not limited to exposure to other patients, healthcare staff, and healthcare facilities.

INFORMATION ABOUT COVID-19

I understand that COVID-19 is very contagious. It is most likely spread by person-to-person contact. I understand that my doctor and his or her staff will follow all laws and recommendations from local, state, and national health officials. However, there are still risks of being infected with COVID-19.

I understand that exposure to COVID-19 may result in a COVID-19 diagnosis, which may result in a quarantine or self-isolation, more tests, being in the hospital, intensive care treatment, intubation/ventilator support, short-term or long-term intubation, other complications, and the risk of death. Other risks are not yet known.

I understand that if I have one or more of the following conditions, I may have a higher chance for 1) getting COVID-19 and 2) complications or health problems if I get COVID-19, which may be serious.

- asthma,
- chronic lung disease,
- serious heart disease or problems,
- chronic kidney disease,
- extreme obesity,
- a compromised or suppressed immune system,
- liver disease,
- pregnant,
- age 65 or older, or
- nursing home or long-term care facility residents.

EXPOSURE STATUS

By signing this form, I attest that:

- I have not tested positive for COVID-19 in the last 14 days,
- I am not awaiting the results of a pending COVID-19 test,
- I have not had any known exposure to anyone who has tested positive for COVID-19 in the last 14 days, and
- I have answered the questions regarding my symptoms (or lack of symptoms) truthfully.

My appointment may be rescheduled if my provider believes I pose a risk of exposing others to COVID-19. I will report it to GAP if I test positive following my visit so they can take additional steps to prevent the spread.

CONSENT

I understand the risks related to potential exposure of COVID-19 as provided to me on this consent form. By signing below, I agree that staff/doctor has discussed the facts on this form with me, that I have had a chance to ask questions, that all of my questions have been answered, and that no one has given me any guarantee.

I understand that I have the option to reschedule my appointment for a later date, if desired. GAP also offers video or telemedicine options for services that are eligible. I give my consent to proceed with my appointment for clinical services/procedure(s) as scheduled.

Signature of Patient (or Responsible Party)

Date

Relationship to Patient (if Responsible Party is not Patient)