



Addendum to Surgery & Anesthesia Consent during COVID-19 Pandemic

Please acknowledge your understanding of each statement by initialing on the line next to each.

_____ Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The disease causes respiratory illness (like the flu) with symptoms such as a cough, fever, and in more severe cases, difficulty breathing. COVID-19 is spread through close personal contact or airborne droplets – coughing or sneezing. People may also contract the illness if they touch a surface infected with COVID-19 and then touch their mouths, noses or eyes.

_____ I understand that my physician has determined that my planned elective procedure/surgery is permissible and that it is ultimately my decision whether to proceed with the procedure/surgery now or to wait to have the procedure/surgery until after COVID-19 is less prevalent. I understand that despite everyone’s efforts to decrease potential COVID-19 exposure to patients and healthcare personnel at USC, there is still a risk. I understand that family caregivers and visitors may be restricted in an effort to practice social distancing and reduce the spread of COVID-19 infection. In the event that I developed any surgical complications or post-surgical complications, I understand that I may have to be transferred to a hospital for care. If I need to be admitted to a hospital, there may be an increased risk that I could potentially be exposed to patients with COVID-19.

_____ I have discussed with my physician the risks of proceeding with the procedure/surgery and with delaying the procedure/surgery. I have decided to proceed with the procedure/surgery. I understand that I accept full responsibility for any consequences of that decision. I agree that Unity Healthcare, LLC, Unity Surgical Center, LLC and my physician will not be held responsible or legally liable for my decision or any future consequences of my decision.

By signing below, I confirm that I have read, or have had read to me, and understand the above information. I am of sound mind, under no undue influence and am competent to make this decision and do so of my own free will.

Patient Signature: _____ Date/Time: _____

Legal Representative Signature: _____ Date/Time: _____

Printed Name: _____ Relationship: _____

Witness: _____ Date/Time: _____