



NJ REGIONAL EAR, NOSE & THROAT CENTER

COVID 19 RISK INFORMED CONSENT

I _____ (Patient) understand that COVID -19, has been declared a worldwide pandemic by the world health organization. I further understand that COVID-19 is extremely contagious and believed to be spread by person-to-person contact ; as a result, federal and state agencies recommend social distancing and **NJ Regional Ear, Nose & Throat Center** is closely monitoring this situation and have placed reasonable preventative Measures aimed at reducing the spread of COVID19. However, Given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by proceeding with treatment. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment and give my express permission to you and staff at your offices to proceed with providing care.

I have read, or have had read to me, the above COVID-19 risk consent to treat. I appreciate that it is not possible to consider every possible complication to care. I have also had the opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive care as deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and any future condition(s) for which I seek care from this office

Patient Signature: _____

Name: _____

Date: _____