

Patient Name _____ Date of Birth _____

Coronavirus Acknowledgement and Consent

The State of Hawaii is currently experiencing and responding to a pandemic of respiratory disease spreading from person to person caused by a novel (new) coronavirus. The disease has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

This situation poses a serious public health risk. The federal government is working closely with state, local, tribal, and territorial partners as well as public health partners, to respond to this situation. COVID-19 can cause mild to severe illness; most severe illness occurs in adults 65 years and older and people of any age with serious underlying medical problems.

The Surgical Suites is employing several measures to minimize the spread of this disease; including but not limited to: social distancing, hand hygiene, clinical screening, personal protective equipment, universal precautions, and restricting persons with illnesses or active positive test results from entering the facility.

By signing this acknowledgement and consent below, you hereby understand and accept that in addition to your procedural risks, benefits, consequences, and repercussions you understand and accept the risks, benefits, consequences, and repercussions that could result from an incidental and unintentional exposure to COVID-19 during your surgical procedure at The Surgical Suites.

You also understand that you have the right to seek alternative healthcare facilities and/or scheduling your procedure at another date and time of your choosing.

I hereby acknowledge, understand and willingly agree to proceed understanding the risks, benefits, consequences and repercussions of exposure to COVID-19.

Patient Signature

Date