

## Informed Consent COVID-19 Risk

I understand that I am opting for an elective treatment/service that is not urgent and may not be medically necessary.

I also understand that the novel coronavirus, COVID – 19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID – 19 is extremely contagious and is believed to be spread by person-to-person contact; and as a result, federal and state health agencies recommend social distancing. I recognize that the management team at Douglas Carroll Salon are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of this virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment/service. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment/service, and I give my permission to the Douglas Carroll Salon management team to proceed with the same.

I understand that even if I have been tested for COVID-19 and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID after the test. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective treatment/service can lead to a higher chance of complication or death.

I understand that possible exposure to COVID-19 before/during/after my treatment/service may result in the following: a positive diagnosis for COVID-19, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, intensive care treatment, possible need for intubation/ventilator support, short or long term intubation, other potential complications, and the risk of death.

I understand that COVID-19 may cause additional risks, some, or many of which may not currently be known at this time, in addition to the risks described herein.

I have been given the option to defer my treatment to a later time. However, I understand all the potential risks related to COVID-19 and wish to proceed.

Client Initial: \_\_\_\_\_ Date: \_\_\_\_\_

I understand the explanation, have no more questions and consent to the treatment.

Client Signature: \_\_\_\_\_