



WESTLAKE EYECARE

COVID-19 RISK INFORMED CONSENT

I _____ (patient name) understand that I am opting for an elective examination/procedure 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 spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize that Dr. Kaufman and all the staff at Westlake Eyecare PLLC 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 the virus, I understand there is a risk of becoming infected with COVID-19 by virtue of proceeding with this elective examination/procedure.

I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective examination/procedure and I give my express permission for Dr. Kaufman and the staff at Westlake Eyecare PLLC to proceed.

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

I have been given the option to defer my examination/procedure to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired examination/procedure.

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE EXAMINATION.

Patient Signature

Date