

**GASTROENTEROLOGY CENTER OF NORTHERN VIRGINIA,
LTD.**

**PATIENT INFORMED CONSENT FOR
PROCEDURES DURING COVID-19
PANDEMIC**

Patient Name: _____

The undersigned hereby acknowledges and agrees to the following:

(initial)_____ I understand that The World Health Organization has declared the COVID-19 disease a pandemic and that the Commonwealth of Virginia has issued a State of Emergency in connection with the same. Although there is no longer a prohibition on providing elective and non-urgent procedures in the Commonwealth of Virginia, there are still risks involved in performing procedures during the COVID-19 pandemic. These risks include, but are not limited to, exposure to healthcare staff and other patients that may be symptomatic or asymptomatic carriers for COVID-19.

(initial)_____ I understand that COVID-19 is very contagious, and despite the precautions taken by the practice and its providers, there are still risks of being infected with COVID-19 during a procedure. This may result in the need for quarantine, further testing, hospitalization, and developing all the known complications of COVID-19 virus. I hereby assume these risks and desire to go through with the procedure at this time.

(initial)_____ The risks and benefits of proceeding with the procedure at this time, and the risks and benefits of not proceeding at this time, have been satisfactorily explained to me by the physician and the staff. I have all the information I desire, and my questions have been answered satisfactorily.

(initial)_____ I am not currently exhibiting symptoms of COVID-19 and to my knowledge I have not been exposed to anyone in the past 20 days with a confirmed or possible case of COVID-19.

I certify that I am the patient, the patient's parent, legal guardian, or other responsible party, and have the authority to grant this consent. I hereby give my authorization and consent.

Signature of Patient or Responsible Party

Date and Time

Witness

Date and Time