

Consent for Proceeding with Procedure/Surgery During COVID-19 Pandemic

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The disease causes respiratory illness (like the flu) with symptoms such as a cough, fever, and in more severe cases, difficulty breathing. COVID-19 is spread through close personal contact or airborne droplets-coughing or sneezing. People may also contract the illness if they touch a surface infected with COVID-19 and then touch their mouths, noses or eyes. There is currently no vaccine to prevent COVID-19.

On March 19, 2020, Arizona Governor Doug Ducey issued an Executive Order to prohibit all non-essential or elective surgeries that utilize personal protective equipment or ventilators at any licensed healthcare facility or by any licensed healthcare provider in the State of Arizona. The Executive Order specifies that non-essential procedures and surgeries are ones which can be delayed without undue risk to the current or future health of a patient. A surgery is not deemed non-essential or elective if it would threaten the patient's life, threaten permanent dysfunction or impairment of any body part, risk metastasis or progression of staging, or require the patient to remain hospitalized if the surgery was delayed. The intent of the Executive Order is to ensure that personal protective equipment will be available for use to combat the COVID-19 outbreak.

The Centers for Medicare and Medicaid Services (CMS) advised hospitals and surgery centers to refrain from performing any non-emergency surgery during the early stages of this COVID-19 pandemic. CMS set forth a tiered framework that hospitals and surgery centers could use to evaluate whether to perform or postpone a procedure or surgery based on the urgency of the procedure, health of the patient, and surgical setting. Among other factors, CMS said providers should consider the supply of personal protective equipment in the region, ventilator availability and staffing availability.

I understand that my physician has determined that my planned elective procedure/surgery is medically appropriate under the Executive Order. I further understand that it is ultimately my decision whether to proceed with the procedure/surgery now or to wait to have it performed until a later time. I understand that during the operative and perioperative periods contact with family members, caregivers, and visitors will likely be limited in order to reduce the spread of COVID-19 infection. In the event that I develop any surgical complications or post-surgical complications, I understand that I may have to be

transferred to a hospital for care. If I need to be admitted to a hospital, I could potentially be exposed to patients with COVID-19.

I have discussed with my physician the risks of proceeding versus delaying my intended surgery/procedure, and I have decided to proceed with the procedure/surgery. I understand that I accept full responsibility for any consequences of that decision. I agree to not hold liable Tri-City Surgery Center, the consulting anesthesia group, my physician, or any other related parties for my decision or future consequences of my decision.

By signing below, I confirm that I understand the above information.

Patient Signature _____ Date: _____

Legal Representative Signature: _____ Date: _____

Printed Name of Legal Representative: _____ Date: _____

Witness: _____ Date: _____