

COVID-19 RISK INFORMED CONSENT

AESTHETIC SPECIALTY CENTRE, PC

I _____ (printed patient name) understand that I am opting for an elective treatment/procedure/surgery 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 Marc Yune, MD and all the staff at Aesthetic Specialty Centre, PC and M2 Real Estate Holdings, LLC are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment/procedure/surgery, and I give my express permission to Marc Yune, MD and/or the staff at Aesthetic Specialty Centre, PC 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-19 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/procedure/surgery can lead to a higher chance of complication and health problems.

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

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, as well as those risks for the treatment/procedure/surgery itself.

I have been given the option to defer my treatment/procedure/surgery 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 treatment/procedure/surgery.

While we are taking the safety of anyone entering the building very seriously, by implementing strict safety sanitation guidelines, we cannot guarantee that these measures will prevent you from contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and that such exposure may result in illness, and even death. In addition, by signing below, I agree to not hold Aesthetic Specialty Centre, PC, Marc Yune, MD or M2 Real Estate Holdings, LLC liable whatsoever for any COVID-19 exposure.

Patient/guardian name _____
PRINTED NAME

Patient/guardian signature _____ Date _____
SIGNATURE

Employee initials _____ Patient ID _____ Date _____