

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

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

**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. I hereby assume these risks and desire to go through with the procedure at this time.
- (initial) \_\_\_\_ I understand that certain health conditions may cause me to have a higher chance of getting COVID-19 and/or developing severe symptoms or health conditions as a result of exposure to COVID-19, and that these symptoms or conditions may cause serious long-term hospitalization or death.
- (initial) \_\_\_\_ I understand that possible exposure to COVID-19 before, during, or after my procedure may result in COVID-19 exposure, a COVID-19 diagnosis, a long quarantine or self-isolation, more tests, an extended stay in the hospital, intensive care treatment, short-term or long-term intubation/ventilator support, other complications, and the risk of death.
- (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 have been given the option to wait until a later date to have my procedure, but I have decided, after weighing all of the risks and benefits described above, to still have the procedure at this time.
- (initial) \_\_\_\_ I am not currently exhibiting symptoms of COVID-19. To my knowledge, I have not been exposed to anyone in the past twenty (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

\_\_\_\_\_  
Relationship to Patient (if Responsible Party is not Patient)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date and Time