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COVID-19 Risk-Informed Consent

I, _____ (patient name) understand that I am opting for an elective treatment/procedure that is not urgent and may not be strictly 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 be spread by person-to-person contact and, as a result, Federal and State Health agencies recommend social distancing. I recognize that Dr. James Wethe and all his staff at James D. Wethe, M.D. and facilities he practices at 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 an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment/surgery/procedure. I hereby acknowledge and assume the risk of becoming infected COVID-19 through this elective treatment/procedure/surgery and I give my express permission for Dr. Wethe and his staff at his office as well as staff at all facilities he practices at 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 after the test. I understand that if I have a COVID-19 infection, even if I do not have any symptoms for the disease, proceeding with this elective treatment/procedure/surgery can lead to a higher chance of complications and death.

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 the possible need for intubation/ventilator support, short-term or long-term intubation and other potential complications as well as the risk for 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, there are risks inherent in the treatment/procedure/surgery itself.

I have been given the option to defer my treatment/procedure/surgery to a later date. However, understanding all the potential risks, including but not limited to potential short-term and long-term complications related to COVID-19, I would like to proceed with my desired treatment/procedure/surgery at this time. Dr. Wethe has explained the risks of possible Corona virus exposure. I understand and accept those risks and have chosen to proceed with the treatment/procedure.