

Consent to Treat During COVID-19 Pandemic

I _____ am choosing to get health care that is elective and non-emergent.

I understand that I am getting care during the COVID-19 pandemic. It is easy for COVID-19 to spread from person to person. I am aware that the government recommends social distancing (keeping distance from others) to avoid this spread.

While Grays Harbor Community Hospital follows state and federal infection control guidelines to stop spreading COVID-19, I know that I could still become infected by others who are present during my treatment. Those present may or may not know they are infected, and this adds a risk to moving forward with care.

By reading this form, I know that Grays Harbor Community Hospital is taking these measures to protect patients and staff from COVID-19:

- Carefully choosing patients for elective care
- Social distancing when possible
- Screening staff and patients ahead of time
- Using Personal Protective Equipment (PPE)
- Infection control cleaning based on state and federal recommendations

Knowing the risks, I would like to move forward with my treatment. I have been given the choice to receive care at a later time. I am aware that I can talk about this option with my provider.

I confirm that I have read and understand this form. I have been given the chance to ask questions. My questions have been fully answered.

Provider Signature: _____ Date: _____ Time: _____

Patient or Legal Representative Signature: _____ Date: _____ Time: _____

Representative's Relationship to Patient: _____

Interpreter: No Yes: Interpreter Name: _____