

# KUFLIK DERMATOLOGY

## COVID-19 WAIVER

Kuflik Dermatology is committed to keeping all of our patients safe and healthy. Therefore, we follow all recommended CDC guidelines to prevent the spread of COVID-19. The World Health Organization (WHO) has declared Covid-19 a global pandemic. COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and may still be contagious. The virus also may be contracted from various sources.

Please understand that you are the decision maker for your health care. Part of this office's role is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic.

Please be aware that in addition to following all of the CDC recommendations to prevent the spread of COVID-19, we also offer Telehealth appointments which may be appropriate for your care.

By opting to come into the office, you understand the potential risks associated with receiving treatment during the COVID-19 pandemic and agree to such elective treatment.

By opting to come into the office, you understand the risk associated with being in a healthcare office due to the attributes of the virus as described above, as well as the frequency of appointments with patients and characteristics of treatment(s).

By signing below you confirm you are not experiencing any of the following symptoms of COVID-19:  
\*Fever \*Chills\*Shortness of Breath \*Dry Cough \*Sore Throat \*Loss of Taste or Smell \*Extreme Fatigue

You understand travel increases your risk of contracting and transmitting the COVID-19 virus. You verify that you have NOT in the past 14 days traveled: 1) Outside of the United States to countries that have been affected by COVID-19; or 2) Domestically within the United States by commercial airline, bus, or train to any high-risk state.

I am informed that you and your staff have implemented preventative measures intended to reduce the spread of COVID-19. However, given the nature of the virus, I understand there may be an inherent risk of becoming infected with COVID-19 by entering the office and/or having treatment. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through appointment(s) and/or elective treatment(s) at your offices and give my express permission to you and the staff at your offices to proceed with providing care. I understand that I can revoke this waiver at any time in writing.

Signature

Date