

# KUFLIK DERMATOLOGY

## COVID-19 WAIVER

Kuflik Dermatology is committed to keeping all of our patients safe and healthy. Therefore, we follow recommended CDC guidelines to prevent the spread of infectious diseases such as COVID-19. 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/endemic.

Please be aware that in addition to following CDC recommendations to prevent the spread of infectious diseases such as 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/endemic 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 viruses as described above, as well as the frequency of appointments with patients and characteristics of treatment(s).

By signing below you confirm the following: you are not currently experiencing symptoms of COVID-19, including but not limited to: \*Fever \*Chills\*Shortness of Breath \*Dry Cough \*Sore Throat \*Loss of Taste or Smell \*Extreme Fatigue; you will advise the office if you are currently positive for Covid-19, you have been exposed to Covid-19 or traveled within 14 days of any appointment.

By signing below I understand that Kuflik Dermatology has implemented preventative measures intended to reduce the spread of infectious diseases such as COVID-19. However, given the nature of such viruses, I understand there may be an inherent risk of becoming infected by entering the office and/or having treatment. I hereby knowingly 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.

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Signature

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Date

6/7/2022