CONSENT TO TREATMENT: COVID-19

Note: If you choose to make reference to this template in the development of your own consent form, it should only be used as a starting point for an informed discussion with your patient/client regarding the provision of services during the COVID 19 pandemic. You should consider modifying and amending it, if you choose to use it, to meet the particular needs of your patient and to accord with the applicable legislation, guidelines and regulations in your jurisdiction.

Service Provider Information

Name: _____
(the "Service Provider")

Name of Clinic/Corporation (if applicable):

_____
(the "Facility")

Patient/Client Information

Name: _____

Address: _____

_____

I hereby acknowledge that I have agreed to meet with the Service Provider at the Facility for the purpose of receiving_____ (the "Services"). By agreeing to meet with the Service Provider and receive the Services, I am aware of the following:

1. There is a risk that I could be exposed to severe acute respiratory syndrome coronavirus 2, the virus responsible for COVID-19 (hereinafter referred to as "COVID 19") while attending at the Facility to receive the Services. I accept and acknowledge that I could be exposed to COVID 19 through the following means (this list is not exhaustive):

    a. My physical presence at the Facility;

    b. My interactions with other patients or members of the public who are present at the Facility at the time of my attendance;

    c. My interactions with staff, agents and other health care professionals at the Facility; and

    d. The physical touching of any equipment or fixtures in the Facility.

2. While receiving services, the Service Provider may need to be physically closer to me than the recommended social distancing guidelines in order to assess and/or treat me.

I acknowledge that I have read and fully understand the risks as described above. I acknowledge and confirm that I am willing to accept these risks as a condition of attending at the Facility to receive the Services from the Service Provider.

I confirm that any questions that I had regarding the provision of the Services during the COVID 19 pandemic have been answered by the Service Provider.

Name of Patient/Client: _____

Signature of Patient/Client: _____

Witness: _____

Date: _____