

# TORONTO HEAD & NECK CLINIC

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## COVID-19 RISK INFORMED CONSENT

Patient Name: \_\_\_\_\_

I understand that I am opting for an elective appointment at Toronto Head and Neck Clinic (THN Clinic).

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 spread by person-to-person contact; and, as a result, federal and provincial health agencies recommend social distancing. I recognize that THN Clinic is closely monitoring this situation and has 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 going out in public. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective appointment, and I give my express permission for THN Clinic and all the staff to proceed with my care.

I understand that even if I have been tested for COVID 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 develop symptoms, or if I fail the online screening questionnaire (<https://Covid-19.ontario.ca/self-assessment>), I must notify THN Clinic to cancel my appointment and I must contact my GP or present to a COVID Assessment Center. I also understand that if I do not pass the screening questionnaire on the day of my appointment, I may not be admitted into THN Clinic and my appointment would be rescheduled, for the safety of all staff and patients.

I understand that possible exposure to COVID-19 before/during/after my appointment 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, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death.

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.

I have been given the option to defer my appointment to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my appointment.

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO PROCEED WITH MY APPOINTMENT.

\_\_\_\_\_  
Patient Signature or Person Authorized to Sign for Patient

\_\_\_\_\_  
Date/Time