COVID-19 PANDEMIC - PATIENT DISCLOSURES

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose to this office any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

	Yes	No
Do you have a fever or above normal temperature?	☐	☐
Have you experienced shortness of breath or had trouble breathing?	☐	☐
Do you have a dry cough?	☐	☐
Do you have a runny nose?	☐	☐
Have you recently lost or had a reduction in your sense of smell?	☐	☐
Do you have a sore throat?	☐	☐
Have you been in contact with someone who has tested positive for COVID-19	☐	☐
Have you tested positive for COVID-19?	☐	☐
Have you been tested for COVID-19 and are awaiting results?	☐	☐
Have you traveled outside the United States by air or cruise ship in the past 14 days?	☐	☐
Have you traveled within the United States by air, bus or train within the past 14 days?	☐	☐

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system. By signing this document, I acknowledge that the answers I have provided above are true and accurate.

_____ _____

Patient/Guardian Signature Date

_____

Patient/Guardian Name (print)

Covid-19 Pandemic Dental Treatment Consent and Release Form

Patient Name: _____ **Date:**_____

We are providing special consent, in addition to any procedure specific consent that you may receive, because of the unique circumstances of the current COVID-19 pandemic. Although dental procedures often involve a risk of infection, the ongoing community transmission of the COVID-19 virus creates additional risks from being in the proximity of dentists, patients, or staff that we want you to seriously consider before engaging in treatment.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

The dental office of Bassil Akel DMD (d/b/a Family Dental Care, hereinafter referred to as such), P.L.L.C., cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while utilizing our services. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize our services and/or enter onto the office premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

We are taking precautions to limit the spread of the disease, but there is still a possibility of transmission to you (and to others you come in contact with after leaving this office) of the COVID-19 virus, which can cause serious health problems, including death.

Here is what we are doing to protect our dearest patients, team members and ourselves:

- We are following directives from the Centers for Disease Control and Prevention (CDC) as a way to limit patient and staff exposure to the virus.
- For your safety and ours, all of our staff will be wearing additional personal protective equipment.
- All team members follow ALL CDC guidelines for sterilization and surface disinfection procedures.
- Disinfecting waiting areas with Lysol/Clorox wipes in between patient appointments.

It may be necessary to use aerosol-generating equipment during procedures. This equipment may increase the potential for spreading the disease. It is estimated that aerosol droplets can linger in the air for minutes to hours and have the potential to transmit the COVID-19 virus.

My initials by each statement indicate my understanding and acceptance:

_____ I understand that the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms but may still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in the virus testing.

_____ I understand that there is still much we do not know about the COVID-19 virus, and therefore there may be risks that are yet unknown.

_____ I confirm that I am **NOT** presenting any of the following symptoms of COVID-19 below:

- Fever
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat

_____ I understand that travel by air, bus or train significantly increases my risk of contracting and transmitting the COVID-19 virus, and I verify that I have not traveled domestically or internationally by commercial airline, bus, or train within the past 14 days.

_____ I understand that the CDC currently recommends social distancing of at least 6 feet or more under many circumstances and that **social distancing of 6 feet or more is NOT POSSIBLE during dental treatments.**

The safety and well-being of our dearest patients continues to be our primary concern. We will continue to monitor the status of COVID-19 nationally and within our community and update office policy as needed to continue to provide legal services to our community.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself (and/or my minor children) in order to utilize the services of Family Dental Care, P.L.L.C. and enter the office premises. These services are of such value to me (and/or to my minor children,) that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize the services of Family Dental Care, P.L.L.C. and office premises in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Family Dental Care, P.L.L.C. and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing the services of Family Dental Care, P.L.L.C. and office premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

_____ _____

Signature of Patient/Guardian Date