

COVID-19 UPDATE FOR PATIENTS AND VISITORS

Call your doctor before leaving home if you think you've been exposed to COVID-19 or have symptoms (fever, cough, shortness of breath).

The Ohio Valley Ambulatory Surgery Center has implemented a no-visitor policy. Limited exceptions will be made to include ONE visitor to accompany a minor or a person with special needs.

Each patient will be screened for possible symptoms of COVID-19 during the pre-admission assessment call, the call to notify of arrival time, as well as upon entry to the facility. Every patient and visitor will be screened before entering the waiting area.

During the registration process, each patient will be asked to sign a consent as follows:

Consent for Proceeding with Procedure/Surgery During COVID-19 Pandemic

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The disease causes respiratory illness (like the flu) with symptoms such as a cough, fever, and in more severe cases, difficulty breathing. COVID-19 is spread through close personal contact or airborne droplets-coughing or sneezing. People may also contract the illness if they touch a surface infected with COVID-19 and then touch their mouths, noses or eyes. There is currently no vaccine to prevent COVID-19.

In accordance with the order on 4/22/2020, Governor DeWine has mandated that all patients be informed of the risk of contracting COVID-19 and the impact during the post-operative period. The patient must have the information necessary to make informed decisions.

I understand that my physician has determined that my planned elective procedure/surgery is medically necessary. I further understand that it is ultimately my decision whether to proceed with the procedure/surgery now or to wait to have the procedure/surgery until after the COVID-19 is less prevalent. I understand that family caregivers and visitors will be limited in an effort to reduce the spread of COVID-19 infection and practice social distancing. In the event that I develop any surgical complications or post-surgical complications, I understand that I may have to be transferred to a hospital for care. If I need to be admitted to a hospital, I could potentially be exposed to patients with COVID-19.

I have discussed with my physician the risks of proceeding with the procedure/surgery and the delaying the procedure/surgery. I have decided to proceed the procedure/surgery. I understand that I accept full responsibility for any consequences of that decision. I agree that the Ohio Valley Ambulatory Surgery Center, LLC and my physician will not be held responsible or legally liable for my decision or any future consequences of my decision.

By signing below, I confirm that I have read, or have had read to me, and understand the above information. I am of sound mind, under no influence and am competent to make this decision, and do so of my own free will.