

In Office Screening Radiology Exam Visit During COVID Patient Authorization and Consent Form

During the COVID-19 pandemic, there is some increased risk for people who visit a healthcare provider. Health problems can happen from being exposed to:

- other patients
- healthcare staff
- healthcare facilities

Some people have a higher risk of complications from COVID-19, including those with:

- asthma
- chronic lung disease
- serious heart disease or problems
- chronic kidney disease
- extreme obesity
- a compromised or suppressed immune system
- liver disease
- pregnant
- age 65 or older
- nursing home or long-term care facility residents

If these people at high-risk get COVID-19, they may have a greater chance for having more health problems. These may be serious, and could result in the need for hospitalization and even death.

Other Evaluation Choices

Although Princeton Radiology has taken many steps to ensure your safety, screening exams are non-urgent. You could:

- postpone the exam to a later date or
- discuss the need for the exam further with your doctor.

These other options may or may not be right for you. This depends on your situation and overall health. Some screening radiology exams do screen for cancer and therefore risk factors may play a role for you in this decision.

More Facts

Medical and office staff may help when you arrive and while you are evaluated and treated. They will follow state laws and recommendations from local, state, and national health officials related to caring for patients during the COVID-19 pandemic. However, they cannot eliminate risks, especially for high-risk patients.

Consent to Treatment

The first page of this consent form told you about COVID-related risks. If, after reviewing this form, you do not believe that you really understand the risks and choices, **do not sign the form until all questions have been answered.**

_____ I understand the facts provided to me on the first page of this consent form. I give my consent for in-office screening radiology examination. By signing below, I agree that staff has discussed the facts in this form with me, that no one has given me any guarantee, that I have had a chance to ask questions, and that all of my questions have been answered.

Signature of Patient or Responsible Party

Date and Time

Relationship to Patient (if Responsible Party is not Patient)

Witness

Date and Time