

# COVID-19 Informed Consent Form Addendum

**Practice Name:** Redlands Optometry Group

**Phone Number:** 9097932106

**Address:** 1020 Nevada St., Redlands, California, 92374

You are currently receiving treatment from Redlands Optometry Group. In addition to the benefits and risks of treatment outlined in Redlands Optometry Group's informed consent form, and as discussed with you, all those receiving any form of treatment are at an increased risk of becoming infected with novel coronavirus (also known as "COVID-19"). It is important that you understand this addendum and you may ask questions at any time

Redlands Optometry Group is taking recommended precautions to avoid transmission of COVID-19 by and between their employees and patients and as outlined in Redlands Optometry Group's COVID-19 Preparedness and Response Plan. However, while these precautions lower your risk of infection with COVID-19, even with these precautions you may become infected. By consenting to undergo treatment you are acknowledging this risk and waiving any claims against Redlands Optometry Group for any and all damages that may result from COVID-19 infection. You acknowledge that the risks associated with COVID-19 infection range from mild cold and flu-like symptoms to death. All statements contained in the previous/concurrent informed consent form are still valid, including all potential benefits and risks, in addition to the risk of COVID-19 infection.