



CONSENT FOR TREATMENT DURING THE CORONAVIRUS (COVID-19) PANDEMIC

COVID-19 is a rapidly evolving pandemic. At this time, very little is known about COVID-19, particularly related to its effect on pregnant patients. At the present time, there are no recommendations specific to pregnant patients regarding the evaluation and management of COVID-19.

The currently available data on COVID-19 does not indicate that pregnant patients are at increased risk. However, pregnant patients are more susceptible to and at greater risk of morbidity and mortality from other respiratory infections such as influenza and SARS-CoV. In addition, prior data suggests that some febrile illnesses in pregnancy may be associated with an increased risk of birth defects, miscarriage, stillbirth and preterm birth.

Adverse infant outcomes (e.g. preterm birth) have been reported among infants born to patients positive for COVID-19 during pregnancy. However, this information is based on limited data and it is not clear whether these outcomes were related to pregnant patient infection or not. Currently, it is unclear if COVID-19 can cross the placenta to the fetus. In a limited recent case series of infants born to patients infected with COVID-19 published in the peer-reviewed literature, none of the infants have tested positive for COVID-19. It is currently unknown what medications can be used to combat the virus. It is possible some of these medications may be contraindicated in pregnancy.

By signing below, I/we agree to the following statements:

1. At the present time Women's Specialty and Fertility Center (WSFC) does not have access to testing for COVID-19.
2. If I am directly exposed, infected or diagnosed with COVID-19, or have symptoms with any febrile illness or have flu like symptoms which could possibly be COVID-19 (even in the absence of a positive COVID-19 test) my/our treatment cycle will be cancelled.
3. My/our treatment cycle may be cancelled if WSFC is not able to support treatment as a result of lack of essential staff or supply shortages.
4. My/our treatment cycle may be cancelled if there is change in regulations at the local, state or federal level such as an edict to stop providing services or procedures, or WSFC is required to shut down.
5. I/we may become exposed to COVID-19 prior to or while receiving treatment by other patients or a WSFC provider.
6. The risk of COVID-19 on pregnancy, if any, are unknown but could include, but are not limited to, birth defects, miscarriage, stillbirth or preterm birth.
7. The American Society of Reproductive Medicine (ASRM) has provided guidance for fertility clinics across the country regardless of location. Please note that these are general recommendations and not mandatory.



8. My/our treatment cycle may be cancelled if during treatment new data arises that mandates cancellation of treatment for the safety of me or my future pregnancy.

If the cycle is cancelled for any reason, including but not limited to the statements above, this may affect my insurance benefits and or I/we may be financially responsible for any services performed, including any medication expenses incurred. WSFC will only refund my/our deposit for services no received.

I/we have discussed the implications of COVID-19 with my/our provider, have had an opportunity to ask questions and have them answered to my/our satisfaction. I/we understand that information regarding COVID-19 and the medical communities' understanding of this disease is rapidly evolving and that risk may come to light of which I/we are presently not aware.

Patient Name (print)

Patient Signature

Today's Date (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)

Partner Name (if applicable print)

Partner Signature

Today's Date (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)