

Damien Fertility Partners

Currently, very little is known about the impact of COVID-19 on reproduction and pregnancy. It is unknown at this time if there is an impact of pregnancy on susceptibility to or severity of COVID-19. There is an unknown impact of COVID-19 on pregnancy including maternal and fetal risks.

I, _______, understand the risk of undergoing infertility treatment and the lack of information on how COVID-19 impacts pregnancy. I understand that I may be exposed to COVID-19 during my office visits for my treatments. I also understand that I can cancel my cycle at any time should more information regarding reproduction and this virus becomes available. It is understood that I will no longer be able to continue my treatment should I or my partner become infected or pose too high of a risk to come into the office. Additionally, there may be other unforeseen events that may cause my cycle to be canceled related to COVID-19 including but not limited to changes in regulations and lack of personal protective equipment. Cycle cancellation may cause financial loss, which is not the responsibility of the office. I understand that I have the option of postponing my treatment. I have had the opportunity to have my questions answered on this topic and I have decided to move forward.

Patient Signature	Date
Witness Signature	Date
Physician Signature	Date