



COVID-19 TESTING CONSENT FORM

I hereby consent to participate in testing for COVID-19 (also known as “Coronavirus”) and to the taking of a nasal swab, blood draw or other samples for the purpose of performing the testing.

I understand that, as with any medical test, there is the potential for a false positive or false negative. I have been informed that I should continue to take recommended precautions against the spread of COVID-19 including without limitation the use of a mask, avoidance of close contact with others (social distancing), and frequent washing of hands.

I understand that I am not creating a patient relationship with GRHC solely by participating in testing. I understand that testing facilities, when used, are not acting as my medical provider, and that testing does not replace treatment by my medical provider.

I assume complete and full responsibility to take appropriate action with regard to my test results, including precautions to prevent further spread of the disease, and the seeking of medical advice, care and treatment from my medical provider.

PRIVACY NOTICE: I understand that test results will be kept confidential except for disclosures required or permitted under law. In this regard, HIPAA specifically authorizes disclosure without my consent for certain purposes, including disclosures to a public health authority, government agencies and persons at risk, as well as disclosures to prevent or lessen a serious and imminent threat to the health and safety of a person or to the public. I authorize and consent to these disclosures.

Complete this section only if consent form is for a minor or legally in competent person

If this consent is for a minor or legally incompetent person, I represent that I am a parent, legal guardian or otherwise authorized to provide this consent.

Name of Child (or legally incompetent person (if applicable)): _____

D.O.B. or MRN: _____

I have been informed about the test purpose, procedures, limitations, possible benefits and risks, and I have been given the opportunity to ask questions, and I provide this consent voluntarily and as so informed.

Signature

Print

Date

D.O.B. or MRN