



## THE WELLNESS LOUNGE TESTING CONSENT

### COVID-19 Testing Consent Form

LAST NAME

FIRST NAME

PH #

DATE OF BIRTHDAY

ADDRESS

CITY

STATE

ZIP

GENDER

RACE

ETHNICITY : HISPANIC / LATINO NOT HISPANIC / LATINO

#### Insurance Information

INSURANCE COMPANY NAME

MEMBER ID #

GROUP #

INSURED NAME/DOB

RELATION TO INSURED

#### Informed Consent for COVID-19 Testing

##### Please carefully read the following informed consent:

- A** → I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 through a nas pharyngeal swab, as ordered by an authorized medical provider or public health official.
- B** → I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- C** → I acknowledge that a positive test result is an indication that I must continue to self-isolate in an effort to avoid infecting others.
- D** → I understand that I am not creating a patient relationship with THE WELLNESS LOUNGE by participating in testing. I understand the testing unit is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.
- E** → I understand that, as with any medical test, there is the potential for false positive or false negative test results.
- F** → I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I voluntarily agree to testing for COVID-19.

PATIENT/GUARDIAN SIGNATURE

DATE

RELATION TO PATIENT