Occupational Medicine ▪ Urgent Care ▪ Family Practice ▪ Multi-specialty

INFORMED CONSENT FOR COVID-19 TESTING

Please carefully read and sign the following Informed Consent:

a. I authorize this COVID-19 testing to be completed by Pinnacle HealthCare to conduct collection and testing for COVID-19 through a nasopharyngeal swab as ordered by an authorized medical provider or public health official.
b. I authorize my test results to be disclosed to the authorized representative of my employer who requested testing or to county, state, or any other governmental entity as may be required by law.
c. I acknowledge that a positive test result is an indication that I must self-isolate and/or wear a mask or face covering as directed in an effort to avoid infecting others.
d. I understand the testing is not acting as my medical provider, this testing does not replace treatment by my medical provider, and 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 a false positive or false negative COVID-19 test result. I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time.
f. I have been notified of Covid-19 free test site locations. I am declining free testing.

g. I would like my test results emailed to:___________________________________

_______________________________________ DOB:_________________
Patient First Name, Last Name

_______________________________________ DATE:_________________
Signature

Pinnacle Employee: Initial/Name:_______________________________________ **Date:** ____________

Results: ☐ **Negative** ☐ **Positive** ☐ **PCR Send out Test Performed**