

CVUSD-Ayala HS CONSENT FORM FOR COVID-19 TESTING AND AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Completion of this document authorizes the disclosure and/or use of your individually identifiable health information as set forth below, consistent with federal (HIPAA) and state law concerning the privacy of such information.

This Authorization will allow HealthySpace, "Group", to assign the collection of your COVID-19 lab test to CMB Labs. Failure to provide all information requested may invalidate this Authorization.

PCR TESTING:

1. The test is a Coronavirus Disease 2019 (COVID-19) PCR test that the CDC has issued an FDA Emergency Use Authorization, for use in the U.S and will be performed by a CLIA certified lab.
2. Test results are estimated to be provided within 24 hours to 48 hours
3. The COVID-19 test is voluntary (not required) and results will be given to the **CVUSD-Ayala HS** designee and also to you directly thru a web portal.

RELEASE OF TEST INFORMATION:

1. The **CVUSD-Ayala HS** representative or designee will advise you of your test result and provide guidance for medical follow up including available clinical trials options if available.
2. Per Title 17 Section 2500 of the California Code of Regulations, cases of Coronavirus Disease 2019 (COVID-19), must be reported to the local health officer for the jurisdiction where the person resides.
3. You may request a photocopy of the lab result
4. You have the right to a copy of this authorization form
5. California law prohibits any further disclosure of my health information unless **CVUSD-Ayala HS** obtains another authorization from me or unless such disclosure is specifically required or permitted by law.

TEST INTERPRETATION:

1. Any test can be wrong, In other words, any test can have a false positive or false negative result. If you have a negative PCR, but you have symptoms of COVID-19, the negative result in the PCR could be wrong.

RELEASE OF LIABILITY:

I agree to release HealthySpace and its employees and subcontractors for any and all liability regarding anything related to the processing of samples, notification of results, actual test results, or any other unforeseen problem. I understand that the test being performed is not fully understood in terms of the accuracy and may have both false negatives or false positives.

CONSENT AND SIGNATURE:

I hereby consent to being tested using the COVID-19 PCR test and authorize the use and disclosure of my test results between **HealthySpace** "Group", the CLIA Certified Lab. I authorize HealthySpace to notify me of the test result and provide me with guidance for medical follow up. I authorize **CVUSD-Ayala HS** "Group" to have access to and disclose my test results to me.

Name (PRINT): _____ Date _____ Time: _____ am/pm

Address: _____

Birthdate: _____

Signature: _____

1 (Parent)