

COVID-19 Testing Consent and HIPAA Data Use Authorization

I authorize the use of my oropharyngeal nasal /or saliva specimen for COVID-19 Testing. I further understand, agree, certify, and authorize the following:

1. San Diego Shores WPC ("the Club") has partnered with UCSD EXCITE Laboratory, a CAP/CLIA Accredited Laboratory for laboratory analysis and report of my specimen. I authorize this laboratory to perform testing on my specimen.
2. I understand that the processing of the specimen and results may take between 24 and 48 hours. I further understand that whilst the testing laboratories have conducted extensive validation studies there is still potential for uninformative results or incorrect results.
3. I authorize the laboratory to release test results or other information as required to the Centers for Disease Control and Prevention (CDC) and The California Reportable Disease Information Exchange (CalREDIE), and San Diego County Health and Human Services.
4. I understand that the test results may provide information that could impact my own and other family members' health, including the risk of developing a particular condition.

The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations. You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such revocation will not be retroactive.

By signing this form, I understand that:

1. Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
2. If the test is being performed at the request of the Club, then the test is intended for club activity screening purposes and the test results will be provided to both the Club and the athlete/family.
3. Individuals with a positive test result should immediately seek advice from their Healthcare Provider and the Club if applicable.
4. The person being tested, or in case of a minor, a legal guardian, has the right to revoke this consent in writing at any time and all full disclosures will then cease.
5. The portion of your specimen left over after completion of testing may be deidentified and used for research and development.

May we phone, email, or send a text to you to confirm test times? YES NO

May we leave a message on your answering machine or on your cell phone? YES NO

May we discuss your medical condition with a member of your family? YES NO

If YES, please name the member(s) allowed: _____

By signing I acknowledge that I have read, understand, agree, certify, and/or authorize the information above and further agree to hold harmless UCSD EXCITE Laboratory and their affiliate laboratories, including its employees, agents, and contractors from any and all liability and claims.

This consent is signed for: _____ (PRINT NAME)

Signature: _____ Date: _____

If minor, Legal Guardian Signature: _____ Date: _____