Healthcare Provider Labs

COVID 19 Testing Consent Form

I give permission for HEALTH CARE PROVIDERS LABORATORY staff to perform a COVID-19 test on me. The testing process has been explained to me and I have had an opportunity to ask any questions I may have. I acknowledge that HEALTHCARE PROVIDERS LABORATORY cannot guarantee the accuracy of the result and that it may be necessary for me to undergo additional testing in the future. I recognize that even if I have a negative result now, I can still contract COVID-19 in the future. Administering the test does not create a patient/physician relationship between me and HEALTH CARE PROVIDERS LABORATORY or any of its employees, nor does it obligate HEALTH CARE PROVIDERS LABORATORY or its staff to perform any other care or treatment for me.

I, authorize HEALTH CARE PROVIDERS LABORATORY to receive my test results and convey them to me. I understand by undergoing the test HEALTH CARE PROVIDERS LABORATORY may have to report the results to the Department of Health or other agencies.

4:46:45 PM Sat Mar 13 2021