![Shape

Description automatically generated with medium confidence]()Text

Description automatically generated with low confidence

***\_Chino High/ CVUSD\_\_\_\_\_\_\_\_\_*School 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, and results will be given to the ***\_\_Chino/CVUSD\_\_\_\_\_\_\_\_\_\_\_\_*School** designee.

**RELEASE OF TEST INFORMATION:**

1. The ***\_\_\_\_Chino/CVUSD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*School** representative or designee will advise you of your test result and provide guidance for medical follow up.

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 by letting your school representative or designee know.

4. You have the right to a copy of this authorization form.

5. California law prohibits any further disclosure of my health information. I recognize that circumstances may require identifying me as the infected or exposed individual in order to properly warn others so they may take precautionary measures and help prevent further speread of the virus. There are times when it is not possible to inform others that they may have been exposed to the virus without them learning that it was through contact with me.

**RELEASE OF LIABILITY:**

I agree to release CMB labs and 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 and/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 ***\_\_\_\_Chino/CVUSD\_\_\_\_\_\_\_\_\_\_\_\_\_*School** “Group”, the CLIA Certified Lab (CMB), and HealthySpace. I authorize ***\_\_\_Chino/CVUSD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*School** “Group” to have access to and disclose my test results to me.

In disclosing this information, ***­­­­­­­­­­­\_\_\_Chino/CVUSD\_\_\_\_\_\_\_\_\_\_\_\_\_School*** will take reasonable measures to keep my name and identity confidential to the extent possible. This authorization relates specifically to the results of any COVID-19 testing event wherein ***CVUSD*** retains the services of HealthySpace from the date this document is signed.

Child Name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_AM/PM

Parent Name (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_