

SARS-CoV-2 Infection Screening
CONSENT TO TEST AND AUTHORIZATION FOR THE RELEASE OF
INFORMATION AND TEST RESULT

- I understand and hereby consent to participate in COVID-19 testing either for myself or as the parent or legal guardian of the child identified above (“Child”). I acknowledge that the testing will consist of either a mid-turbinate nasal swab PCR test or will involve me or the Child producing a saliva sample as part of a saliva-based PCR test.

- I acknowledge that participating in COVID-19 testing involves inherent health risks. There is a risk that upper respiratory tract swabbing associated with the mid-turbinate nasal swab PCR test may cause discomfort, gag reflex, or nose bleed. All medical procedures have some degree of inherent risk, including unknown risk. By consenting to participate or allow my child to participate, I acknowledge that I understand the risk of my or my child’s participation and I voluntarily accept and fully assume all health risks on my own behalf or on behalf of my child.

- I understand that, if I clicked “Yes” on the previous screen’s question regarding on-going testing, that I or my child may be tested multiple times through June 30, 2022. I understand that the schedule of testing will be determined by the school and that I may not be informed in advance of the testing. I understand that I may opt out of this testing at any time by contacting legal@covidcheckcolorado.org. However, I understand that any action already taken in reliance on this authorization prior to my revocation cannot be reversed.

- I hereby authorize COVID Check Colorado, LLC (“CCC”) and each of the parties listed below to release information in connection with a test for SARS-CoV-2 (“COVID-19”). I authorize the release of that information for myself or for my child.

- I authorize the release of that information for myself or my child to CCC’s Partners, the list of which may be updated from time to time and is available at <https://covidcheckcolorado.org/CCC-partners/>, in order to facilitate testing for the COVID-19 infection and for the purpose of making such further disclosures as set forth in the CCC Privacy Policy, available at <https://covidcheckcolorado.org/privacy-policy/>. I authorize the release of that information to CCC’s Partners specifically for the purposes of ordering this COVID-19 test; making any necessary follow-up phone calls related to test results; serving as a Lab Partner and providing tests and providing laboratory services to analyze results; and collecting test result information, sharing it with me, other CCC Partners, and my school or employer.

- I authorize CCC to release, as required by law, that information for myself or my child to the Colorado Department of Public Health and Environment and local public health agencies.

- I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by CCC, CCC’s Partners serving as Ordering Provider, and CCC’s Lab Partners and may no longer be protected by federal regulations that protect the privacy and security of an individual’s health information under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) or personally identifiable information contained in student education records as defined by the Family Educational Rights and Privacy Act (“FERPA”).

- I understand that I may revoke my authorization for myself or my child at any time by notifying CCC in writing at COVID Check Colorado, LLC, 1705 17th Street, Suite 200, Denver, CO

80202 or legal@covidcheckcolorado.org of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization prior to my revocation cannot be reversed.

- Unless revoked earlier, this authorization expires twelve (12) months from the date of this authorization.
- I have read and understand the above stated information. I acknowledge that all of my questions have been answered to my satisfaction. I understand that I have the right to receive a copy of this signed authorization.
- I represent that I am the patient or am authorized to act on behalf of the patient, to sign this document. I confirm that my signature below verifies authorization for the use or disclosure of my information under the above stated terms.

AUTHORIZATION FOR THE RELEASE OF INFORMATION AND TEST RESULTS TO MAPLETON PUBLIC SCHOOLS

- I hereby authorize CCC to release personal information, SARS-CoV-2 (“COVID-19”) molecular test information and results in connection with a test for SARS-CoV-2 (“COVID-19”) to MAPLETON PUBLIC SCHOOLS for purposes of disclosing whether I or my child have the COVID-19 infection.
- I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by MAPLETON PUBLIC SCHOOLS and may no longer be protected by federal regulations that protect the privacy and security of an individual’s health information under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) or personally identifiable information contained in student education records as defined by the Family Educational Rights and Privacy Act (“FERPA”).
- I understand that my authorization is voluntary and I am not required to sign this form. I understand that any treatment, payment, enrollment in a health plan or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- I understand that COVID-19 diagnostic testing is consistent with business necessity, and that an individual with COVID-19 will pose a direct threat to the health of others at MAPLETON PUBLIC SCHOOLS.
- I understand that my continued employment, if I am an employee, or my access to facilities operated by MAPLETON PUBLIC SCHOOLS is not contingent upon me signing this authorization.
- I understand that this authorization is valid only for the release of the test results for myself or my child in connection with participation in the PCR test.
- I have read and understand the above stated information. I acknowledge that all of my questions have been answered to my satisfaction. I understand that I have the right to receive a copy of this signed authorization.

Warning of Risks & Assumption of Risks

Participating in COVID-19 screening involves inherent health risks. There is a risk of exposure to COVID-19 when leaving one’s home. There is a risk that upper respiratory tract swabbing associated with the mid-turbinate nasal swab PCR test may cause discomfort, gag reflex, or nose

bleed. All medical procedures have some degree of inherent risk, including unknown risk. By consenting to participate or allow my child to participate, I acknowledge that I understand the risk of my or my child's participation and I voluntarily accept all health risks on my own behalf or on behalf of my child.

Waiver, Release, and Indemnification

I understand and acknowledge that no person or entity ensures my safety or the safety of my child. I know that participating in this screening is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury, illness, or accident which may occur during my participation or the participation of my child. I hereby release, waive, hold harmless and covenant not to file suit against the administrators, sponsors, organizers, volunteers, employees, agents or any affiliated individuals or entities associated with this screening from any and all losses, damages, liabilities or other claims and causes of action that may arise out of my participation or the participation of my child.

By signing below, I consent to a COVID-19 test for myself or my child and authorize CCC to release the results of that test to MAPLETON PUBLIC SCHOOLS under the above-stated terms.

Participant Signature or Legal Guardian Signature

Name of Participant (Print) : _____ School: _____

Legal Guardian (If Applicable): _____

Signature: _____

Date: _____

Address: _____ Phone Number: _____

