PIKE COUNTY HEALTH DEPARTMENT

COVID COMMUNITY TESTING SITE INTAKE FORM

Please print the following information about the person to be TESTED:

First Name _____ Middle Name _____Last Name _____

Birthdate _____/_____/_____ M____ F____ Phone (_____) _____-_____

ETHNICITY: ☐ Not Hispanic or Latino ☐ Hispanic or Latino

RACE: ☐ Caucasian ☐ African American ☐ Asian ☐ Multi Racial
☐ American Indian/Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

Street Address _____

City _____ State: _____ County: _____ Zip: _____

PORTAL REGISTRATION for Test Results

If person being tested is a minor, please provide Parent/Guardian Information.

First Name _____ **Last Name** _____

Email _____

☐ **I do not have an email address**

VACCINATION STATUS

Vaccine Received: ☐ **One dose of 2 dose vaccine** ☐ **Both doses of 2 dose vaccine** ☐ **A Single Dose Vaccine**
☐ **not vaccinated** ☐ **prefer not to specify**

Vaccine Type: ☐ **Pfizer** ☐ **Moderna** ☐ **J&J** ☐ **Other** **1st Dose rec'd:** _____ **2nd Dose rec'd:** _____

Vaccine Information Provided by: ☐ **Vaccination Card Presented** ☐ **Self Reported** ☐ **State Immunization Registry,**

Testing Questions

Is this your first test at our testing site? ☐ **Yes** ☐ **No**

Are you having Symptoms? ☐ **Yes** ☐ **No**

Date of first Symptoms? _____

PLEASE SIGN CONSENT FORM ON THE BACK OF THIS PAGE.

COVID COMMUNITY TESTING SITE CONSENT FORM

WHAT YOU NEED TO KNOW

• **How is the sample collected?** There are two possible methods: Nasal Swab Sample: The testing involves collecting one or more nasal swabs. We will tell or show you the safe way to collect the swab. We will give you a swab kit. You can gently wipe the inside of your nose with the swab to collect the swab. Most people do not have problems with nasal swabs, but some people may bleed slightly or feel faint or sick. If this happens to you, we will want you to stay with us for a few minutes to be sure that the bleeding has stopped or that you feel better.

• **Testing the swab sample for SARS-CoV-2.** We will take your swab sample and send it to a qualified lab that will test it for SARS-CoV-2. The lab will use a test called a "molecular amplification assay" to see if the sample contains evidence of SARS-CoV-2, the virus which causes COVID-19.

• **What constitutes evidence of the virus?** If a person is infected with SARS-CoV-2, the virus makes copies of itself in the body. These are markers of the virus. The lab test quickly identifies the presence of SARS-CoV-2, the virus that causes COVID-19.

• **How will I be told about testing results?** The testing results will usually be ready within 2-3 business days from the time the test was taken. If you signed up for the Guardian/Participant portal, you will be able to view your results in the portal. Otherwise, the Health Provider who ordered the test will tell you if your test result is positive for presence of the virus. The Health Provider will not contact you if your test result is negative.

• **What are the possible risks and benefits of the test?** As with any test, sometimes there may be a false positive or false negative result. The test result itself is not a clinical diagnosis of SARS-CoV-2 infection. A formal diagnosis of COVID-19 can only be made by your healthcare provider after they look at all clinical and lab findings. This testing is for you to be aware and to help protect you, your family and community.

• **Will the test result be kept confidential?** Test results will be kept as private as possible but will be known to the Midwest Coordination Center, the qualified lab and to PCHD . Federal and state public health agencies and/or local Department(s) of Public Health may require that the Midwest Coordination Center or the qualified lab report any positive test results. If your test result is positive, this reporting requirement could identify you.

• **What will be done with my nasal swab sample?** After all testing is done and your results have been given to you, your nasal swab sample will be retained for 2 to 7 days, depending on the laboratory.

FOR MORE INFORMATION • If you have questions about the testing or this consent form, please contact at PCHD at 217-285-4407.

I have read and understood the information in this Consent form about COVID-19 testing. I have had the chance to ask questions and have been given the answers I needed. I have been given a copy of the PCHD/Midwest Coordination Center HIPAA Notice of Privacy Practices.

I authorize PCHD to:

• help me collect my nasal swab sample by myself,

• have the swab sample tested through an approved SARS-CoV-2 test process, and

• communicate about the test results with the approved testing lab, Midwest Coordination Center, or any required federal, state, or local agencies that have the legal authority to obtain testing results that may identify me.

Signature: _____ Printed Name: _____

Name of Minor Child Being Tested:_____

Date: _____ Witness: _____

HIPAA AUTHORIZATION FOR RELEASE OF TEST RESULTS
Legal Representative Needed

I have given my consent to take part in COVID-19 testing by **Pike County Health Department**.

- By signing this authorization, I also consent to the following uses and sharing of my test results and related personal information: The testing laboratory may provide my COVID-19 test result, including health information that could be linked to me personally, to the Midwest Coordination Center.
- The Midwest Coordination Center may retain my COVID-19 test result, including health information that could be linked to me personally, and may also share it with **Pike County Health Department.**
- **Pike County Health Department** may maintain a record of the test result.
- The Midwest Coordination Center, the testing laboratory and **Pike County Health Department** may communicate with each other about my test result and my related personal information in order to manage my test result.

I understand that once my test result and related personal information are shared as I am permitting here, persons authorized to receive the information may not be restricted by federal or state privacy law from further sharing with others.

I understand that I have the right to cancel this authorization at any time, and that if I want to cancel it, I must send written notice to Midwest Coordination Center at support@testedandprotected.org. I understand that cancelling the authorization will not affect any previous use or disclosure of my test result before the date that Midwest Coordination Center receives my notice of cancellation.

I understand that I do not need to sign this authorization in order to receive health care treatment (including COVID-19 testing NOT managed by Pike County Health Department or health insurance benefits.

Unless I cancel this authorization, I understand that it will remain in effect for two years after the date of my signature below, or such earlier date as state law may require.

I understand that I have a right to receive a copy of this authorization once it is signed.

PIKE COUNTY HEALTH DEPARTMENT CONSENT and ACKNOWLEDGMENT
Receipt of Joint Notice of Privacy Practices

I, _____ do hereby consent to allow the health department and its designated employees and
(print name of patient)
contractors to perform a medical evaluation and treat conditions found therein. I understand the nature and consequences of any procedures to be performed will be explained to me.

I also hereby acknowledge that I received a copy of the "Joint Notice of Privacy Practices" from the health department dated March 1, 2017.

Signature _____ Date _____

Check if any of the following apply:

☐ Parent or Guardian of minor ☐ Health Care Surrogate

☐ Power of Attorney for Health Care ☐ Mental Health Treatment Preference Declaration Agent

☐ Guardian with power to make health care decisions

FOR STAFF USE ONLY: I attempted to obtain an Acknowledgment of the Receipt of the Notice of Privacy Practices on behalf of the HD. The HD was unable to obtain the Acknowledgment because:
☐ Client refuses to sign
☐ Other (specify): _____ _____
Staff Signature _____ Date _____
(Staff: Keep with Testing Consent Form)