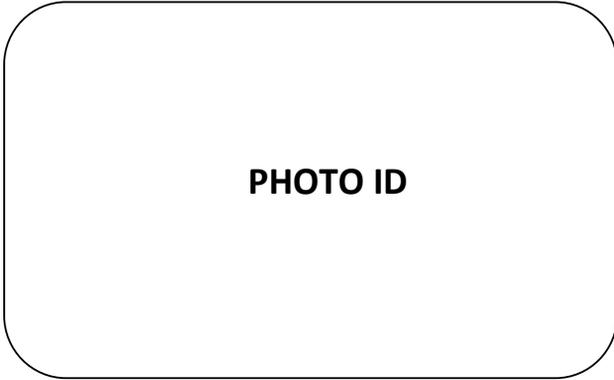


Instructions:

- 1. Fill in the requested information.
- 2. Attach appropriate ID's



Test Center Site

Date _____ Vehicle Tag Number _____

Name _____ DOB _____

Phone _____ SS# _____

Address (if different than ID) _____

Email _____

Primary Care Physician Name _____

Clinic/Hospital Name _____ MRN _____

CDIB Card Holder CNO Employee CNHSA Employee Non-employee

If employee complete employee consent/release

Circle Symptoms that apply

COUGH

FEVER(100.4 °F OR ABOVE)

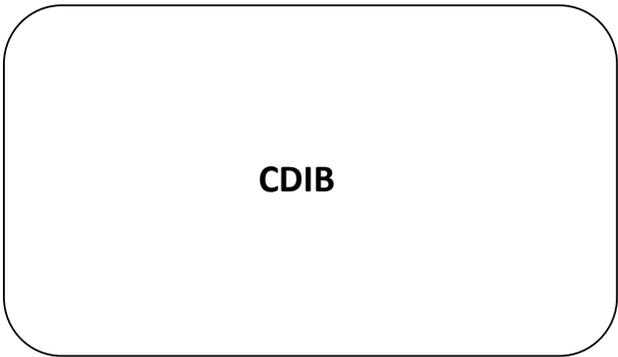
Shortness of Breath

List any additional symptoms _____

I have read the CNHSA Consent to Administer COVID-19 Test document on the reverse side* which explains my rights and responsibilities, and then given an opportunity to read this document and ask any questions or express concerns; **and by my signature give my full and unwavering consent to the sample collection and administration of a COVID-19 test for the beneficiary on this form.**

Patient Name _____ Date _____ Time _____

Patient/Legal Guardian Signature _____



CDIB

INSURANCE CARD

CHOCTAW NATION HEALTH SERVICES AUTHORITY (CNHSA)

Consent to Administer COVID-19 Test

What does my test result mean?

There is a small chance your result for COVID-19 will be positive when the virus is not present (false positive). If your (your child) result is positive you may be asked to limit contact with others and in public areas even if you (or child) do not have symptoms. If you (your child) are very ill, you should contact your healthcare provider to discuss what steps you (your child) should take. There is a small chance that this test may give a negative result when you (or your child) actually have the virus (false negative). Please contact your (your child's) healthcare provider for further guidance if you have further questions.

How is the test administered? Are there any risks?

Swabs will be obtained from your nose or throat. This may cause you (your child) some discomfort (i.e. gagging) as this is a sensitive area. There are no other known significant risks associated with obtaining nasal or throat swabs.

Are there other choices? Do I have the right to refuse?

There are no other approved methods that can be used to tell if you (or your child) have COVID-19. You can also refuse the test. It is your choice whether to have this testing done on you (your child).

Will my information be kept private?

CNHSA will keep all facts about you (your child) as private as the law allows. It is possible that your healthcare provider, health insurance (if applicable), local, state or federal public health authorities may see your (your child's) test results.

What are the cost of the test?

If you are a CNHSA patient, the test will be administered at no cost to you. If you are not a CNHSA patient, you or your health insurer (i.e. Private insurance, Medicare, Medicaid) may be responsible for the cost of the test.

Who to call if you have questions?

Please call your healthcare provider if you have any question about the testing. For results, please follow the instructions on the handout you received.

Consent Statement

By signing on the front of this form, I acknowledge and agree to the following:

- I have read the information on the other side of the page and above. I have had the opportunity to ask questions and have had my questions answered.
- I agree to have CNHSA collect a swab specimen for COVID-19 testing and to have the swab specimen collected from me (my child) submitted for COVID-19 laboratory testing.
- To the extent permitted by law, I hereby release the Choctaw Nation Health Services Authority, its officers, employees or agent from any and all claims arising from my consent. Nothing herein shall be construed to waive the sovereign rights of the Choctaw Nation.
- The CNHSA Notice of Privacy Practices was posted and made available to me.
- CNHSA/CNO Employees will be asked to sign an additional consent form which releases positive test results to Human Resources. **(Refusal to sign will not affect access to testing)**