



1730 W Horizon Ridge Pkwy
Henderson, NV 89012
(702) 935-3136

INFORMED CONSENT FOR COVID-19 DIAGNOSTIC TESTING

1. Authorization and Consent for Covid-19 Diagnostic Testing:

I voluntarily consent and authorize IC Labs, LLC (“ICL”) to conduct collection, testing, and analysis for the purposes of a COVID-19 diagnostic test. I acknowledge and understand that my COVID-19 diagnostic test will require the collection of an appropriate sample by my healthcare provider through a nasopharyngeal swab, oral swab, or other recommended collection procedures. I understand that there are risks and benefits associated with undergoing a diagnostic test for COVID-19 and there may be a potential for false positive or false negative test results. I assume complete and full responsibility to take appropriate action with regards to my test results. Should I have question or concerns regarding my results, or a worsening of my condition, I shall promptly seek advice and treatment from an appropriate medical provider.

2. Patient Rights and Privacy Practices

- a) Notice of Privacy Practices and Patient Rights: ICL’s Notice of Privacy Practices describes how it may use and disclose your protected health information to carry out treatment, initiate and obtain payment, conduct health care operations and for other purposes that are permitted or required by law. To review a copy of your rights as a patient and ICL’s Notice of Privacy Practices please see attached. I acknowledge that IC Labs, LLC has provided me with a copy of IC Labs, LLC’s Notice of Privacy Practices.

- b) Disclosure to Government Authorities: I acknowledge and agree that ICL may disclose my test results and associated information to appropriate county, state, or other governmental and regulatory entities as may be required by law.

3. Release

To the fullest extent permitted by law, I hereby release, discharge and hold harmless, ICL, including, without limitation, any its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my COVID-19 diagnostic test or the disclosure of my COVID-19 test results.

By selecting the ACKNOWLEDGEMENT during the registration process for COVID-19 Diagnostic Testing at ICL, I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form. I have been informed about the purpose of the COVID-19 diagnostic test, procedures to be performed, potential risks and benefits, and associated costs. I have been provided an opportunity to ask questions before proceeding with a COVID-19 diagnostic test and I understand that if I do not wish to continue with the collection, testing, or analysis of a COVID-19 diagnostic test, I may decline to receive continued services. I have read the contents of this form in its entirety and voluntarily consent to undergo diagnostic testing for COVID-19.

Full Name: _____

Signature: _____

Date: _____



JOINT NOTICE OF PRIVACY PRACTICES

Purpose of this Privacy Notice:

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IC Labs, LLC (ICL) reserves the right to make changes in the Notice of Privacy Practices. The Notice describes your rights to access and control your Protected Health Information. "Protected Health Information" is information about you, including demographic information, which identifies you and relates to your past, present or future physical or mental health or condition and related health care services.

Our Pledge Regarding Medical Information:

We understand that your medical and health related information is personal, and we are committed to its protection. This notice applies to the records of your care created, received and maintained by ICL. We are required by law to:

- Make sure that medical information that identifies you is kept private
- Provide you this notice describing our legal duties and privacy practices regarding your medical information
- Notify you following a breach of unsecured protected health information
- Follow the terms of the notice that is currently in effect. We may change the terms of our notice at any time without advance notice to you. The new notice will be effective for all Protected Health Information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

Who Will Follow this Notice:

This notice describes the privacy policies of ICL and that of:

- Any health care professional authorized to enter information into your medical record
- All ICL employees

How we may Use and Disclose Medical Information About You:

The following categories describe ways that we use and disclose medical information. Examples of each category are included. Not every use or disclosure in each category is listed; however, all of the ways we are permitted to use and disclose information falls into one of these categories:

- **For Treatment:** We may use medical information about you to provide, coordinate, or manage your medical treatment or services. We may disclose medical information about you to other physicians or health care providers who are or will be involved in taking care of you. For example, we would disclose your Protected Health Information, as necessary, to a home health agency that provides care to you. Your Protected Health Information may also be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to provide treatment.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at ICL may be billed to and paid by you. We may share your information with providers involved in your care for their billing purposes.
- **For Healthcare Operations:** We may use or disclose your Protected Health Information to support the business activities of ICL. These activities include, but are not limited to, quality assessment, patient safety activities, employee review, training healthcare students, and conducting or arranging for other business activities.
For example, we may disclose your Protected Health Information to medical students that see patients at ICL. We may take and store a photograph of you for identification purposes. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment.
- **For Email Notification:** We may use your email address to notify you of test results and/or ICL Patient Portal access. We may also use your email address to inform you of other services, tests and treatments related to COVID-19 and other health issues. You may opt out of this service at any time, by notifying ICL at info@iclclabsnv.com.



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We may share your Protected Health Information with third party “business associates” that perform various activities (e.g. billing, collections, transcription services) for ICL. Whenever an arrangement between ICL and a business associate involves the use or disclosure of your Protected Health Information, we will have a written contract that contains terms to protect the privacy of your Protected Health Information. ICL reserves the right to sell and/or transfer uncollected bad debt accounts to a third party. Uncollected bad debt accounts that are sold or transferred will contain the personal identifiable information necessary to collect the debt, but will not contain any information about your health condition.

Uses and Disclosures of Protected Health Information based upon Your Written Authorization:

Other uses and disclosures of your Protected Health Information for marketing purposes or that constitute a sale of Protected Health Information can only be made with your written authorization. Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician, our medical staff, or our employees have taken action that relies on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures that may be made WITH Your Consent, Authorization or Opportunity to Object:

We may use and disclose your Protected Health Information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your Protected Health Information. If you are not present or are not able to agree or object to the use or disclosure of the Protected Health Information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the Protected Health Information that is relevant to your health care will be disclosed.

- **Others Involved in Your Healthcare:** Unless you ask us not to, we may disclose to a family member, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose Protected Health Information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your Protected Health Information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- **Emergencies:** We may use or disclose your Protected Health Information in an emergency treatment situation. If this happens, we shall try to obtain your acknowledgement of receipt of the Joint Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

Other Permitted and Required Uses and Disclosures that may be made WITHOUT Your Consent, Authorization or Opportunity to Object:

We may use or disclose your Protected Health Information in certain situations without your consent or authorization, including:

- **Required By Law:** We may use or disclose your Protected Health Information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **Public Health:** We may disclose your Protected Health Information to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your Protected Health Information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Communicable Diseases:** We may disclose your Protected Health Information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other regulatory programs and civil rights laws.
- **Abuse or Neglect:** We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose your Protected Health Information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.



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- **Food and Drug Administration:** We may disclose your Protected Health Information to a person or company required by the Food and Drug Administration to track products and to report adverse events, product defects, product problems, and/or biologic product deviations. We may also disclose your Protected Health Information as required by the Food and Drug Administration to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.
- **Legal Proceedings:** We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful legal process.
- **Law Enforcement:** We may disclose Protected Health Information according to any and all applicable legal requirements for law enforcement purposes. These law enforcement purposes include (1) legal processes and disclosures otherwise required by law, (2) limited information requests for identification and location purposes, (3) information pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) criminal offenses occurring on the premises of MIH, and (6) a medical emergency (not on the premises) when it is likely that a crime has occurred.
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose Protected Health Information to a coroner or medical examiner for identification purposes, for use in determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose Protected Health Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. Protected Health Information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- **Workers' Compensation:** We may disclose your Protected Health Information as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Inmates:** We may use or disclose your Protected Health Information if you are an inmate of a correctional facility and your physician created or received your Protected Health Information in the course of providing care to you.
- **Sale or Closure of a Practice:** In the event that a ICL medical facility is sold or acquired by another entity, your Protected Health Information will be disclosed to that group or entity.
- **Required Uses and Disclosures:** Under the law, we must make a list of disclosures available to you upon request and to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Your Rights:

Following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights.

- **You have the right to inspect and copy your Protected Health Information:** You may inspect and obtain a copy of your Protected Health Information that is contained in a designated record set for as long as we maintain the Protected Health Information. A "designated record set" contains medical and billing records and any other records that your physician and MIH use for making decisions. When your information is maintained electronically, you have the right to request an electronic copy of your information. You also have the right to direct us to send the copy of your information to another entity or person you designate.

Under Federal Law, you may not inspect or copy the following records:

- ▶ Psychotherapy Notes;
- ▶ Information compiled in reasonable anticipation of or use in a civil, criminal, or administrative action or proceeding; and
- ▶ Protected Health Information that is subject to law that prohibits access to those records.

Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to appeal the decision. Please contact MIH's Privacy Officer if you have questions about access to your medical record.

- **You have the right to request a restriction of your Protected Health Information:** You may ask us not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

You also have the right to request that a health item or service not be disclosed to your health plan for payment purposes or for healthcare operations. However, we are only required to honor your request if the health care item or service is paid out of pocket and in full. We are not required to notify future providers about your restriction to your health plan. This restriction



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does not apply to uses or disclosures related to your medical treatment. This restriction does not apply to future related follow up services, unless they are also paid out of pocket and in full.

Except for restrictions to your health plan ICL is not required to agree to other restriction requests. If ICL believes it is in your best interest to permit the use and disclosure of your Protected Health Information, it will not be restricted. If ICL does agree to the restriction request, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your provider.

You may request a restriction by contacting and discussing the issue with ICL's Privacy Officer. You may cancel a restriction at any time.

- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location:** We will attempt to accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to MIH's Privacy Officer.
- **You may have the right to have your physician amend your Protected Health Information:** You may request an amendment of your Protected Health Information in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request you have the right to file a statement of disagreement with us. In this instance, we may prepare a rebuttal to your statement that will be filed in your medical record along with your statement. We will also provide you with a copy of any such rebuttal. Please contact ICL's Health Information Management Department if you have questions about amending your medical record.
- **You have the right to receive an accounting of certain disclosures we made, if any, of your Protected Health Information:** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, in accordance with your authorization, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request up to a six-year history of disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.
You may receive a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Complaints:

You may complain to us or to the Secretary of Health and Human Services (HHS) if you believe your privacy rights have been violated by us.

- **To file a complaint with ICL, submit the complaint in writing to:**

ICLPrivacy Officer
1730 W. Horizon
Ridge Pkwy.
Henderson, NV 89074

- **To file a complaint with HHS, send a letter to:**

Office of Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone: (415) 437-8310
TDD: (415) 437-8311
Fax: (415) 437-8329

We will not retaliate against you for filing a complaint.