SmartClinic
URGENT CARE

Informed Consent for COVID-19 Testing

COVID-19 PCR Nasal Swab

The PCR Nasal Swab test detects the presence of virus and determines if you are currently infected with COVID-19. This test is for those with Covid symptoms such as a cough or fever, although some with COVID-19 have no symptoms at all. Results are received within 48-72 hours.

COVID-19 Sofia Antigen Nasal Swab

The Sofia SARS Antigen is designed to detect proteins from the virus that causes COVID-19 in respiratory specimens, for example nasal swabs. A positive result is highly accurate, but a negative result does not rule out infection. Results are back in less than an hour.

COVID-19 Serology Antibody IgG Blood Test

The Serology Antibody test is to detect if you have been infected with COVID-19 in the past. The antibody test is for those who do not currently feel sick but want to find out if they have previously been infected and recovered from COVID-19.

About Accuracy of Medical Testing

Medical Testing is not 100% accurate. Any test performed must be interpreted based on medical history and symptoms and should be reviewed with a physician who is knowledgeable in COVID-19 infection. Further, SmartClinic is not the manufacturer or producer of any proffered testing kits/supplies. Therefore, SmartClinic cannot guarantee, represent, or warrant to the reliability, accuracy, validity, results, or any other aspect of the test(s) supplied

Acknowledgments

a. I authorize SmartClinic Urgent Care personnel to collect samples for COVID-19 testing, either by nasal swab or blood draw.
b. I authorize my test results to be disclosed to the County or State Health Department when it is required by law.
c. I acknowledge that a positive PCR test is an indication that I must self-isolate and/or wear a mask or face covering in order to avoid infecting others.
d. I understand that, as with any medical tests, there is a potential for inaccuracy, to either report a positive result when in reality it was a negative, or vice versa.
e. I understand the testing does not replace treatment by a medical provider. I agree I will seek medical attention or treatment if I have additional concerns or if my condition worsens, regardless of the test results.
f. I consent to allow SmartClinic Urgent Care to email my COVID-19 test results to the email address documented below.
g. (For employees sent by their employer for testing): I hereby and expressly authorize SmartClinic Urgent Care to disclose my COVID-19 test results to my employer. **Initials:** _____

Financial Policy – Use of Insurance for Testing and or Treatment

SmartClinic Urgent Care accepts on-line reservations for patients who wish to use their private insurance or visits billed to their employer's workers compensation insurance. SmartClinic Urgent Care will attempt to authorize the visit in advance of your appointment, and make efforts to phone you in advance, you at any number provided, in the event any foreseen issues or concerns arise. However, **patients are responsible for any visits denied by insurance carriers**. Denied visits will be billed to the patient at a rate of $195.00 for PCR Nasal Swab test and $175.00 for Serology Antibody test. By signing below, you agree to this financial policy and to reimburse SmartClinic for ANY denied visits either whole or in part.

Tests to be Performed: ❑ COVID Nasal PCR   ❑ COVID Antigen FIA   ❑ COVID Antibody (Lab or Rapid)

I have read, understand, and acknowledge all the above:

Patient Signature/Consent: _____   Date: _____

  Printed Name: _____   Date of Birth: _____ Age: _____

  Address: _____

  Phone: _____

  Email Address *** _____
         *** By including email address above, you consent to allow SmartClinic Urgent Care to email my COVID-19 test results to the same.