

Informed Consent for Laboratory Services

Release of Lab Results to Patients

At the time of the lab draw, you must provide us with a contact number for your PCP so we may provide them with the results in a timely manner. We will not call with results or give results over the phone. If you require results prior to your follow-up we can provide a *copy with a signed release but results will not be interpreted. It is your responsibility to schedule follow-up with a provider as results can show a life-threatening abnormality or an urgent matter. **Drenched Hydration Beauty + Wellness LLC** and affiliates, will not be held liable if you fail to do so. The only services we provide are the lab draw/test and forwarding results to provider.

Release of Lab Results to Outside Parties

In compliance with HIPAA Law, we will release patient's lab results to outside parties only upon signed patient consent and only preceded by a signed, dated medical release form with specific delivery instructions and specific lab tests referenced.

Lab Fees

We are partnered with Labcorp to provide you laboratory services. Labcorp will bill your insurance for the laboratory processing. **Drenched Hydration Beauty + Wellness LLC** will assess a lab draw convenience fee at the time of the blood draw. This must be paid the day of the lab test. If you are paying out of pocket for laboratory services, full payment must be made the day of the lab test.

Billing of Lab Tests

We cannot and will not guarantee insurance coverage of any lab test; it is the patient's sole responsibility to determine if their particular insurance plan will cover the testing that has been ordered.

Drenched Hydration Beauty + Wellness LLC will provide any necessary paperwork as well as the out of pocket expenses but will not bill insurance for lab tests performed.

Acknowledgement and Agreement

I have read the above information and thoroughly acknowledge, understand and agree to all of the above information, including any financial terms as stated above.

Patient (or parent/guardian)

PRINTED _____

Signature _____

Date: _____

PCP & Contact #/Fax# _____

*Signature for release of results _____

Date: _____

Mail Email Pick Up (circle one)

Please provide contact information below.

Drenched Hydration
BEAUTY + WELLNESS