## **Consent Form**

## **COVID-19 Testing**

To maintain the health and safety of its students and employees in connection with the COVID-19 public health emergency, Emory University ("Emory"), has arranged for Peachtree Immediate Care ("Peachtree") to administer COVID-19 virus testing to students and staff via nasal swab and/or blood specimen collection. Peachtree also may, but is not obligated to, conduct follow-up COVID-19 testing.

I consent to the COVID-19 testing and collection of my medical information. I understand Peachtree may disclose my test results or other potential COVID-19 symptoms to Emory and certain Emory management-level employees and human resources department employees of Emory on a need to know basis, and I consent to that disclosure. I also consent to Peachtree and Emory sending my test specimen sample and other medical information to LabCorp for testing and diagnostic purposes. I consent to disclosures of my medical information by Peachtree, LabCorp and Emory to public health oversight agencies and governing bodies as required. I understand that Peachtree, LabCorp and Emory will maintain a record containing my medical information as required by law and I consent to such record storage.

Peachtree will provide me with my test results and I understand that I am responsible for providing my test results to my treating healthcare providers. Peachtree or Emory are not responsible for medical care or treatment or any follow-up testing.

I hereby release any and all claims under any applicable local, state, or federal law relating to COVID-19 testing by Peachtree, LabCorp and Emory and disclosure of my COVID-19 test results and other medical information by Peachtree, LabCorp and Emory.

Patient's Name:
Patient's Date of Birth:/
Patient's Signature (if over 18 years old)
Date:/
If patient is under 18 years old, please complete the following:
Parent/Guardian Name:
Parent/Guardian Signature:

