

Good Hearts Testing, LLC

COVID-19 Testing: Informed Consent and Release

Please carefully read and sign the following Informed Consent and Release:

- a. I authorize this COVID-19 testing service to conduct collection and testing for COVID-19 through a nasopharyngeal swab, oropharyngeal swab, or blood draw, as ordered by an authorized medical provider or public health official.
- b. I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be requested or required by law.
- c. I authorize my test results to be posted on Good Hearts Testing test verification page for a third party to verify my negative test results as required for International travel. Only negative results will be posted and shared. Positive results will not be posted but will be reported to the Florida Department of Health.
- d. I acknowledge that a positive test result is an indication that I must self-isolate and/or wear a mask or face covering as directed in an effort to avoid infecting others.
- e. I understand the testing service is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.
- f. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- g. Refund Policy: By signing below I certify that I have read and agree to the refund policy outlined on Good Hearts Testing, LLC's website (www.covidtestingmia.com) under the FAQ section. Refunds will only be issued for canceled tests or failure of Good Hearts Testing, LLC to deliver test results within 24 hours of the time the test was completed. Refunds will be issued for cancelled orders that were not either a) performed or b) cancelled before being processed by our laboratory.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks of the procedure. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

RELEASE OF LIABILITY AND WAIVER OF RIGHTS:

I, the undersigned, accept that services, including explaining of results, might be rendered in a non-private setting. Furthermore, I hereby release and forever discharge for myself, my heirs, executors, administrators and assignees, EB Hotel, Good Hearts Testing, LLC and their employees, owners and representatives from any and all claims, demands, actions and causes of action, which may result from participation in this testing.

Date

First Name

Last Name

Signature of testing subject or their parent/guardian if under 18 years of age