

Bode-CARES

COVID-19 Testing
For Safer Work Environments
& Public Health



Informed Consent Release:

By scheduling an appointment, you are voluntarily agreeing to receive medical treatment from Bode Cellmark Forensics, Inc. (“Bode”) and its agents, as well as Fort Norfolk Plaza Urgent Care (Norfolk State University -Spartan Health Center), in the form of screening, specimen collection, and testing to see if you are currently infected with SARS-COV-2, also known as COVID-19 or the novel coronavirus (“COVID-19”). This process involves first undergoing a screening with Fort Norfolk Plaza Urgent Care (Norfolk State University -Spartan Health Center licensed medical professionals to determine whether you are eligible for COVID-19 testing. This screening will include answering some brief questions about your symptoms and potential exposure. In order to accurately assess your risk, all responses must be truthful. If you are found to be eligible for COVID-19 testing, you will then schedule your appointment for specimen collection, which is taken by inserting a cotton swab into your anterior nares nasal cavity and collecting samples of your mucus under the supervision of a licensed phlebologist. This process can cause some discomfort depending on the individual’s nasal sensitivity. After the collection is complete, your nasal swabs – or “specimen” – will be sent to our laboratory where it will be tested for the presence of COVID-19. These results will be screened by a licensed medical professional before they are released to you and Fort Norfolk Plaza Urgent Care (Norfolk State University -Spartan Health Center. We may also be required to report test results to local and state health authorities. While we strive to maintain as much accuracy as reasonably possible, there is always the potential for false positive or false negative test results, and Bode cannot guarantee that false negatives or false positives will not occur. Bode recommends following up with your regular treating provider or a medical professional for additional care or treatment. Neither Bode nor the licensed medical professional reviewing the results will be providing any medical advice or treatment, nor is it responsible for providing any medical care or intervention related to or arising out of this testing.

By completing this form, I voluntarily consent and authorize Bode Cellmark Forensics, Inc. and its agents to conduct nasal swab specimen collection, as well as testing on and retention of all specimens I produce, for the purposes of COVID-19 diagnostic testing. I have been informed and understand the purposes of the collection and test, as well as the procedures themselves, and the possible risks and benefits. I release Bode Cellmark Forensics, Inc. and its agents, of any liability or fault related to any complications that may result from the nasal swab specimen collection. I have also been informed of and understand the potential for false positive or false negative test results. I agree to release and hold harmless, Bode Cellmark Forensics, Inc. and its agents, for any false positive, false negative, or other diagnostic mistakes related in any way to the nasal swab specimen collection.

Legal Name (printed): _____

Email Address: _____

Signature (if over the age of 18): _____

Parent/ Guardian Name (if under the age of 18): _____

Parent/ Guardian Signature (if under the age of 18): _____

Date: _____

Turn over to complete form

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HIPAA Release of test results:

Under the U.S. Health Insurance Portability and Accountability Act (“HIPAA”), Bode Cellmark Forensics, Inc. (“Bode”) and its agents will have access to your name, certain identifying information, as well as any exposure or symptom information you provide and your COVID-19 specimen and test results. Bode and its agents will use this information in order to conduct COVID-19 test screening, collection and testing; and to inform you and Norfolk State University about your test results, as well as any state or local authorities as required by law. This information may also be used for billing purposes; tracking and preventing the spread of COVID-19; research purposes; and conducting necessary public health activities to prevent the spread of COVID-19. You will be given access to your test results once they are available. You may request to view and obtain your health records maintained by Bode, or a list of any other individuals or entities Bode shared your health information with, when that occurred and why it was shared. You will get a copy of this notice e-mailed to you, which you should maintain for your records. You can also request another copy of this notice be e-mailed to you at a later date.

Bode and its agents will maintain the privacy and security of your protected health information at all times and as required by law. If a breach that may have compromised the privacy or security of your protected health information occurs, Bode will promptly notify you. Bode and its agents will not use or share your information other than as described here. If you feel that Bode has violated your rights by contacting us at caresprovider@bodetech.com.

This authorization for release of my medical records shall be effective until August 20, 2021. However, you have the right to revoke this access at any time by sending a written revocation stating your name, date of birth and email to caresprovider@bodetech.com.

By completing this form, I voluntarily authorize and direct Bode Cellmark Forensics, Inc. and its agents to disclose and release my COVID-19 test results or documentation thereof to a third party medical professional, or a Fort Norfolk Plaza Urgent Care (Norfolk State University -Spartan Health Center affiliated medical professional, for verification purposes as required by state law. Further, I voluntarily authorize and direct Bode Cellmark Forensics, Inc. and its agents to disclose and release any COVID-19 test results, along with my name, contact information, and other identifiers to its Test Result Access portal on www.BodeCares.com where it can be only accessed by myself Fort Norfolk Plaza Urgent Care (Norfolk State University -Spartan Health Center, and to further release this information to any state or local authorities as required by law.

Legal Name (printed): _____

Email Address: _____

Signature (if over the age of 18): _____

Parent/ Guardian Name (if under the age of 18): _____

Parent/ Guardian Signature (if under the age of 18): _____

Date: _____

Turn over to complete form