

CONSENT FORM FOR COVID TESTING SINT MAARTEN

Purpose of this form: This form is provided to you as a client of MedCare Clinic (“MedCare”)/Medwork to inform you about the testing services you may receive from MedCare/Medwork and to obtain your consent to allow MedCare/Medwork to provide you coronavirus testing service. For individuals under the age of 18, or other individuals who may not be capable of making informed choices about their health care, this form is provided to their parents or guardians for evaluation on behalf of the individual.

General consent for performance of test: I understand that MedCare/Medwork requires consent of the client, and may require the consent of a parent or a guardian, for the provision of testing services. By signing this form, I consent to the provision of testing services by or on behalf of MedCare/Medwork. I understand that a medical record may be prepared and maintained about me by MedCare/Medwork.

Emergency situations: I understand that in emergency situations it may be necessary or advisable for MedCare/Medwork to perform services and/or procedures that may not be fully discussed with me (or my parent/guardian) in advance. I consent to these services and/or procedures under those circumstances.

Testing services: MedCare/Medwork will provide testing services with the degree of care and skill ordinarily exercised under similar circumstances by reputable testing service providers in Sint Maarten. No warranty, expressed or implied, is made or intended by providing testing services or by furnishing results or reports of the findings made. MedCare/Medwork will under no circumstances be liable to the client for any direct, indirect, or consequential damage suffered by the client in any way arising from or in connection with the testing service or client’s use of the test results.

Consent to share health information: I understand that MedCare/Medwork may share my health information with other physician offices, pharmacies, labs, hospitals, and/or insurance companies for treatment, payment, and health care operations. I also understand that if I receive treatment for a work-related injury or illness, some of my information will be shared with my employer or its workers’ compensation insurance carrier, in connection with evaluation of my claim, and in order to help my employer address any safety issues at the workplace. By signing this form, I consent to the use and disclosure by MedCare/Medwork of my health or medical information for these purposes.

Consent to communicate via email: By signing this form, I consent to communication via non-secure electronic means, such as by email.

BY TICKING THE RELEVANT BOX ON THE RELEVANT ONLINE FORM, I CONFIRM THAT I HAVE READ OR HAD READ TO ME THIS CONSENT FORM AND UNDERSTAND AND ACCEPT IT FULLY.