

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

Acceptance of General Terms & Conditions. By signing this form I acknowledge and confirm that I have been provided with a copy of Medcare’s General Terms & Conditions and ample opportunity to take due note of the contents thereof and I accept the applicability thereof to my agreement and relationship with Medcare.

Interpretation. All terms defined in Medcare’s General Terms & Conditions have the same meaning when used in this Corona Virus Test Consent Form.

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

Emergency situation. I understand that in emergency situations, it may be necessary or advisable for Medcare 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 will provide testing services with that degree of care and skill ordinarily exercised under similar circumstances by reputable similar testing service providers in Aruba. No warranty, expressed or implied, is made or intended by providing testing services or by furnishing results or reports of the findings made. Medcare will under no circumstances be liable to the client for any direct, indirect or consequential damage suffered by 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 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 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, specifically by email to the following email address.

Email: _____

I HAVE READ OR HAD READ TO ME THIS CONSENT FORM AND UNDERSTAND AND ACCEPT ITS TERMS.

Signature: _____ Signed in Aruba on (date): _____

Patient’s name: _____ Date of Birth: _____

If applicable, name of parent/guardian : _____ Date of Birth: _____

Witnesses’ signature: _____
Name staff member: _____