

## PATIENT ACKNOWLEDGEMENT FOR DIRECT ACCESS TESTING

Physicians Laboratory Services (Physicians Laboratory) offers Direct Access Testing (DAT) to the general public as an affordable and expedient option for monitoring your health. By requesting DAT testing and executing this Patient Acknowledgement for Direct Access Testing, you acknowledge that you understand and agree:

- You authorize Physicians Laboratory to conduct the requested DAT services and to release the results of such DAT to me and to communicate with local, state, and federal health agencies as appropriate and required by law.
- DAT does not replace the advice and care of a physician. DAT is intended for educational purposes only and is offered by Physicians Laboratory as a convenience to individuals.
- A Physicians Laboratory DAT result is not a medical diagnosis, treatment, or form of medical advice.
- Only a physician or other authorized practitioner can interpret test results. Individuals are responsible for accessing DAT results and seeking advice from a physician or other authorized practitioner.
- If the information that you provide for DAT is incomplete, your sample will not be processed until the missing information is provided.
- Incorrect information may impact the DAT results.
- You are not entering into a lab/patient relationship with Physicians Laboratory by ordering or receiving these DAT services.
- All tests are offered as cash pay by the individual. Because a physician or authorized practitioner has not ordered the testing, your health insurance (including Medicare and Medicaid), will not pay for these tests.
- Insurance will not be billed and payment is required to Physicians Laboratory at the time of service. You agree not to attempt to bill insurance for the DAT services.
- DAT results are made available online via our online portal, the use of which is subject to those terms and conditions available on the website.
- A critical test value may indicate a serious health condition that requires immediate care. In the event that a DAT result indicates a critical test value, Physicians Laboratory will attempt to notify you of this result two times at the phone number that you have specified below.
- Due to HIPAA we cannot communicate protected health information ("PHI") via voicemail or text or leave the message with another individual that answers your phone.
- It is your responsibility to immediately contact your physician or authorized practitioner to determine next steps after receiving your DAT results. Physicians Laboratory will NOT contact your physician or authorized practitioner with these results, nor are we responsible for any ramifications that may occur as a result of your laboratory results and/or health conditions.
- **COVID-19 TESTING.** In addition, for COVID-19 DAT services:
  - You assume complete and full responsibility to take appropriate action with regards to your own health and the COVID-19 test results. You agree that you will follow all federal, state, and local guidance and orders, including self-quarantining, and seek medical advice from your personal healthcare provider if you have a positive test, if you experience any symptoms, or if you have questions or concerns about your condition.
  - You understand that the COVID-19 test may produce a false-negative test result and that Physicians Laboratory is not responsible for such a result.
  - You understand that a negative test result only reflects the point in time that the sample was taken and that you must continue to practice safe hygiene and follow other public health directives regardless of your test results.

**In consideration of the DAT services being provided to me, I RELEASE Physicians Laboratory, their respective officers, directors, agents, and employees, from any and all claims that I might have due to the testing and the results, including but not limited to the testing process, the testing results, or results not received. I AGREE not to file any claim or action at law or in equity against Physicians Laboratory, their respective officers, agents or employees in connection with any aspect of the DAT services and to hold Physicians Laboratory harmless from any damages, attorneys' fees, or expenses related in any way to my participation in the DAT services.**

By signing this form I acknowledge the conditions of DAT as detailed above.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

BEST NUMBER TO REACH YOU: \_\_\_\_\_