



Corum Human Services
Corum cares!

Corum Human Services

433 Lilys Way
Winchester, Virginia 22602

www.corumshomes.com

chs@corumshomes.com

Office: (540) 662-3438 | **Fax:** (540) 542-1807

Informed Consent Form COVID-19 Testing

This Informed Consent Form (“**Consent**”) describes the COVID-19 diagnostic testing process (“**Test**”), including what will happen, what information will be collected from you, as well as who can use and disclose that information and for what purposes. The Test is performed under the Corum Human Services LLC (CHS) risk management policy and falls under the guidelines of direct care in which you are involved, and the testing program was designed to be consistent with federal safety guidelines and applicable protocols issued by the local public health agencies.

What will happen during the testing process?

Asymptomatic COVID-19 Testing Procedures

If you decide to undergo testing subject to the terms of this Consent, you will be provided with access to a copy of the FDA patient fact sheet and offered testing using an appropriate method of specimen collection as authorized by the FDA through specific Emergency Use Authorization (EUA) by testing type. CHS management will provide testing time options to you and others based on agency schedules. From time to time, there may be reasons why an individual may need to resubmit a sample or experience a delay in testing results.

Tests will be paid for and/or provided by CHS. Testing services will be provided and/or facilitated by CHS management and may include physician oversight of Tests, such as evaluation of Test requests, ordering of Tests, receipt of Test results (“**Results**”), notification of abnormal or positive test results, associated consultation regarding testing, and any other related services provided by Provider.

The Test is a CDC-approved SARS-CoV-2 molecular test to determine if you currently have COVID-19. This test has been laboratory developed, validated, and authorized for use during the COVID-19 Pandemic as defined by the EUA, Provider will use a combination of testing methods that include, but are not limited to, testing which utilizes a polymerase chain reaction (“PCR”) testing process via nasopharyngeal or nasal swab and which will be collected on-site by Provider or at-home by the individual and sent to a third party laboratory for confirmation, and/or molecular point-of-care testing process via oropharyngeal, nasopharyngeal or nasal swab.

Except as authorized below, CHS will keep Results confidential in accordance with HIPAA and state and local privacy laws. CHS will also ensure that any of its representatives or third parties with whom it shares the Results as permitted below understand that they are also bound by HIPAA and state and local privacy laws in their handling of the Results.

Your Results will be made available to you, together with sufficient information to understand what the results mean, such as the FDA Fact Sheet and the date the sample was taken. Your test results will only be accessible to CHS management (Director, Program Supervisor, and Office Manager (HR)) who needs a copy to determine if you are “cleared” or “not cleared” to work. The contact information of all CHS personnel/management that will have access to your test results will be made available to you. CHS management and/or an employer-designated medical professional will call you to review any Positive Results, offer education, explain the next steps you should take, and answer any questions you may have. They may also follow-up with you on any symptoms and experience. CHS and/or an employer-designated medical professional may leave a voicemail but will not include any Results in such message. You should consult your personal physician with any additional

questions.

In certain circumstances, your Results and certain other information about you will be reported by CHS to the relevant public health authorities, as required by law (further described below).

Symptomatic COVID-19 Testing Procedures

Employees that exhibit COVID symptoms are not eligible for in-home testing or onsite testing administered by CHS. CHS requires all employees that present COVID symptoms (fever, cough, loss of taste and/or smell, etc.) to have testing completed at a designated testing site such as CVS, Walgreens, physician's office, or any designated medical facility that is authorized to complete COVID testing. The test results should include personal identifiers to ensure that the test results are those of the employee. Test results should be provided to CHS immediately to ensure a timely return to work. Any employee that refuses to or does not provide results in accordance with the CHS requirements may be subject to disciplinary actions including termination from employment. Employees that require testing at medical facilities are required to pay for the cost of testing and will not be reimbursed for any testing related cost, travel time, or any additional medical recommendations made by the testing facility. The employee assumes sole responsibility for the cost, transportation to and from the testing site, and any related treatment that may be required per the testing site's recommendation. CHS employees are required to provide the complete testing results to CHS management, and this information will be maintained in the employees' personnel file.

What information will be collected from me?

The following information may be collected from or about you:

- **Demographic Information:** This may include information (including identifiers) such as your first and last name, date of birth, phone number, email address, home address (including zip code), gender, and race/ethnicity, or other information that may be required by applicable law. This information is collected only to verify your identity, process your lab test, and meet mandatory reporting requirements.
- **Testing Information:** Results of your COVID-19 test (positive, negative, or inconclusive), as well as dates and times associated with sample collection and certain other processing activities.
- **Consent:** A record of this Consent, along with your name, will be maintained by CHS.

Who can use and disclose my information, and for what purposes?

- CHS may have access to certain demographic information, testing information (including Results), and this Consent, to assist with the ordering and administration of Tests.
- CHS management will have access to certain demographic information and testing information, including your Results, to be used for contact tracing purposes. In addition, CHS management may review your results at any time to make a determination that it is safe for you to return to direct client care. Testing information will be stored electronically on CHS personnel systems and maintained in accordance with HIPAA and/or any applicable state and local privacy laws.
- CHS management may disclose to **the CHS Office Manager (HR)** your Results solely for contact tracing purposes and may also disclose your name and/or other identifying information only as necessary to conduct contact tracing.
- If your Results are positive, CHS, is required by law to report certain information about you, such as your full name, home address, phone number, gender, race/ethnicity (if provided), and date of birth, to **relevant health authorities** for public health purposes.

How long will my data be kept?

CHS will retain your demographic information, testing information, and Consent for as long as required by

applicable law.

Who can I contact if I have questions?

If you have any questions before or after the Test, you can contact CHS Management, whose information will be provided to you at the time of service, if requested or as otherwise applicable.

Consent

I acknowledge and agree to the following:

- I am the individual who will provide the sample for the requested Test(s).
- I am eighteen (18) years of age or older.
- I understand that testing is voluntary. However, if I chose not to take part in testing, I understand that I may not be able to continue working in my position until it is determined that I do not have COVID-19 and/or I may be terminated due to the health risk associated with not following CHS protocol and requirements for COVID-19 testing and exposure.
- I understand that I may withdraw my consent to testing at any time prior to the completion of the Test(s) by contacting CHS management.
- I agree to receive the testing services provided by CHS as described in this Consent. This may include a rapid test administered at the group home in a location outside of the home such as the garage and/or a test administered by a local pharmacy/authorized testing site.
- I agree that my information, including my Results, will be used, and disclosed only as described in this Consent. I understand that if my Results are positive, that those Results and certain other information about me will be reported to relevant public health authorities as required by law.
- I understand that the Tests are not being performed for treatment purposes or to treat any condition, disease, or illness. I understand that CHS will provide no treatment or prescriptions related to any of the Tests. I am responsible for forwarding any Results to my primary care or other personal physician and for initiating follow up with such physician for care, diagnosis, or medical treatment.
- I understand that the Tests have inherent limitations, and, like many laboratory tests, there is a chance of a false positive or false negative result, but that CHS will select a test with the goal of minimizing these outcomes.
- I am responsible for following instructions regarding receiving my results as described in this Consent.
- I am responsible for contacting CHS to notify them of any changes to my mailing address, email address, phone number, or other information that I provided in connection with agency COVID-19 testing.
- I understand that Tests not administered by CHS management, authorized by CHS management, or conducted in a manner that is unable to sufficiently and completely be identified as results directly related to the Direct Support Professional (DSP) in question is invalid and will not be considered.

I have read this Consent carefully, and all my questions were answered to my satisfaction. I hereby consent to participate in CHS' COVID-19 testing requirements, pursuant to the terms, conditions, standards, and requirements set forth herein,

Name:

Signature:

Date:

HIPAA Authorization Form

If you agree to undergo testing, your Test will be administered and collected by Corum Human Services LLC (CHS). To allow CHS to receive your Results for any testing administered outside of CHS and related testing information, you will need to authorize CHS management to have access to your test results.

You have certain rights to privacy regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“**HIPAA**”). By completing and submitting this HIPAA Authorization Form (“**Authorization**”), you are authorizing CHS or its/their designee to disclose your Demographic Information (including for example, name, date of birth, email address, home address, phone number, gender, and (if provided) race/ethnicity) and your Results to the Authorized Personnel solely for the purposes described in the Informed Consent Form accompanying this HIPAA Authorization. This Authorization applies to the disclosure of your initial Test to the Authorized Personnel and any additional testing you receive as part of the CHS COVID-19 protocol, until this Authorization expires, or you revoke your Consent, whichever is earlier.

This Authorization will expire one year from the date of signature. We will ask for a new Authorization, as needed, or when there is a suspected incident of exposure and/or infection of COVID-19. You may revoke this Authorization by notifying CHS in writing. The revocation will take effect immediately upon receipt of the written request by CHS and applicable to any Authorized Personnel.

If you refuse to sign this Authorization, you will not be able to receive any testing and may not be able to continue employment. You have a right to receive a copy of this Authorization.

I understand for answers to questions about the privacy of my health information I may contact CHS management at: Bryan or Patricia Kidd at chs92012@gmail.com or via telephone at (540) 336-0565 or (703) 819-7261. Of note, the email address provided is a secure email site.

By signing below, I certify that I have read this Authorization and authorize CHS to disclose my information to Production Company as described in this Authorization.

Name:

Signature:

Date:

Name of CHS Management:

Signature of CHS Management:

Date: