



Bear River Health Department
Rapid COVID-19 Testing Information Sheet

Patient Information Section

Form fields for Patient Information: Patient First Name, Middle, Last, Patient Street Address, Apt #, City, State, Zip, Phone Number, email address, Date of Birth (MM/DD/YYYY)

Patient Demographics Section

Form fields for Patient Demographics: Birth Gender (Female, Male, Unknown), Ethnicity (Hispanic or Latino, Not Hispanic or Latino, Other, Unknown), Race (Alaskan Native, American Indian, Asian, Black/African American, Native Hawaiian/Pacific Islander, White, Unknown)

Privacy Notice, Acknowledgments and Consents

HIPAA/Privacy:

I acknowledge receipt of a copy of the Bear River Health Department (BRHD) Notice of Privacy Practices for Protected Health Information (Notice) which I have or will carefully review online at brhd.org, and acknowledge my rights for a more complete description and understanding of potential uses, disclosures of and/or requests for such Protected Health Information by BRHD.

I acknowledge that BRHD reserves for itself the right to change the terms of its Notice at any time, and that if BRHD does change the terms of its Notice, I acknowledge the right to obtain a copy of the current revised Notice at any BRHD office or online at brhd.org.

X _____ Date
Signature of Client (or Parent/Guardian/Representative)

Consent for Services:

I authorize and consent to the rapid COVID-19 testing procedure I or other person for whom I am consenting for are receiving today. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the testing procedure being given to me or the person named for whom I am authorized to make a request for the testing services.

I understand that my test results will be shared with the appropriate school district officials for official COVID-19 quarantine assessment purposes only. I also affirm that me or or the person named for whom I am authorized to make a request for the testing services are currently not, nor have been experiencing COVID-19 symptoms since the day I or they started school quarantine period.

X _____ Date
Signature of Client (or Parent/Guardian/Representative)

For Testing Staff Use Only:

Performing Lab: Cache County School District, Logan City School District, Box Elder County School District, Rich County, BRHD Site, InTech, Other

Organism: Novel Coronavirus Test Type: Rapid Antigen

Test Results: Equivocal/Borderline/Indeterminate/Inconclusive, Negative/Non-reactive, Positive/Reactive

Test Status: Final Specimen Collection: Nasal

Collection Date: (MM/DD/YYYY) Lab Test Date: (MM/DD/YYYY)

Name of School Attending:

**Parent/Guardian Consent to COVID 19 Testing
and Release of Student Records**

Student, _____, attends InTech Collegiate Academy.

Notice of Biometric Collection

Utah Code Annotated 53E-9-305(6) requires schools to notify parents of any biometric collections of student information. This information will only be collected after the school obtains written consent from the parent or from a student who has turned 18.

Biometric identifier to be collected: The rapid antigen test, which constitutes a human biological sample used for valid scientific testing or screening.

Purpose of collection: This program is an effort to support continued secondary school extracurricular activities while maintaining efforts to interrupt the transmission of COVID-19 in the school environment.

How the biometric identifier will be used and stored: The actual sample will be destroyed as biohazard waste. Results of the testing will be entered into the state’s Redcap system and accessible to school staff only for providing legitimate educational services.

Notice of Disclosure of Education Records

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) generally requires that schools notify parents before a disclosure of information from student education records. As a parent or student who has turned 18, you have a right to request a copy of your records that have been disclosed to the Utah Department of Health.

Records to be disclosed: test results that have been entered into the Redcap system

Recipient: Utah Department of Health

Purpose: for the department to fulfill its surveillance requirements under Utah Administrative Rule R386-702 for communicable disease reporting.

Consent

Parents, guardians, or eligible student (over 18 years old) have the right to revoke this consent and authorization at any time.

I have read the above and consent to have my student tested for COVID-19 regularly (weekly or bi-weekly) as a condition of participation in InTech Collegiate Academy sponsored extracurricular activities and grant express authorization for the State Health Department to access my child’s test results.

Parent/Guardian Name (print)

Student Name (print)

Parent/Guardian Signature

Date

Phone Number

Email Address

Interpreter Name (if applicable)