

Authorization and Consent for Testing

- 1) I voluntarily consent and authorize CWI Physician Partners P.C. to review the collection, testing, and analysis of all test(s) performed pursuant to CWI Physician Partners P.C.'s authorization. I understand that there are risks and benefits associated with undergoing testing and there may be a potential for false positive or false negative test results. I assume complete and full responsibility to take appropriate action with regards to my test results. Should I have question or concerns regarding my results, or a worsening of my condition, I shall promptly seek advice and treatment from an appropriate medical provider. I further acknowledge the following:
 - a. I am the individual who will provide the sample for the test(s) that I am requesting or I am the parent or legal guardian of a minor who is providing the sample for testing.
 - b. I am at least eighteen (18) years of age or I am the parent or legal guardian of a minor who is providing the sample for testing.
 - c. I have read and understand the information provided about the test(s) that I have been provided on the website where I requested the test(s).
 - d. The information I have provided in connection with my request to CWI Physician Partners P.C. is correct to the best of my knowledge. I will not hold CWI Physician Partners P.C. or its employees or agents responsible for any errors or omissions that I may have made in providing such information.
 - e. My health information and results may be shared with CWI Physician Partners P.C. employees and agents for the purpose of authorizing, ordering, processing, reporting, reviewing protocol, or other medically appropriate action related to my results.
 - f. I authorize CWI Physician Partners P.C. to contact me via text message to communicate with me regarding my testing.
- 2) Patient Rights and Privacy Practices
 - a. Notice of Privacy Practices and Patient Rights: CWI Physician Partners P.C. Notice of Privacy Practices describes how it may use and disclose your protected health information for other purposes that are permitted or required by law. To review a copy of CWI Physician Partners P.C. Notice of Privacy Practices, go to www.CynergyWellness.com.
 - b. Disclosure to Government Authorities: I acknowledge and agree that my test results and associated information may be disclosed to appropriate county, state, or other governmental and regulatory entities as may be permitted by law.
- 3) Release
 - a. To the fullest extent permitted by law, I hereby release, discharge and hold harmless, CWI Physician Partners P.C., including, without limitation, any its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my test or the disclosure of my test results.

By selecting the ACKNOWLEDGEMENT during the registration process or submitting specimen(s) for testing, I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form. I have read the contents of this form in its entirety and voluntarily consent to proceed with these procedures.