LDH K-12 COVID-19 Testing Minor Consent

Color does not give medical advice or provide medical care. Follow up with your doctor about your results.
Your results will be shared with certain federal, state, or local agencies for public health purposes when required by law.

By completing and submitting this form, I confirm that I have the legal authority to provide consent for the patient identified during registration (who is myself if I am of the age of majority or my minor child) who is seeking COVID-19 testing (referred to below as “the patient”) and that:

A. **Program Administrator**: I understand that the patient’s school administers the testing program that the patient has been asked to participate in, and that I may ask the patient’s school for additional information about the testing program.

B. **Collection and Testing of Samples**: I authorize the collection of one or more samples from the patient and administration of COVID-19 tests on the patient’s samples, which shall include pooled testing and may also include individual diagnostic testing through lab or rapid molecular tests, as further explained below. When the patient arrives at the testing location at the designated time, the patient will receive the materials they should use to collect their samples and instructions on how to use these materials. These instructions will include a request to swirl the cotton tip of a swab in both nostrils to collect the sample, and additional details will be provided before the collection process begins. I understand that any personnel assisting in the administration of tests will have received training on safe and proper test administration.

E. **Individual Tests**: I understand that the patient may be asked to provide one or more samples for an “individual diagnostic test”. This may occur if the patient is a member of a pool for which the pooled test result was positive, or in other circumstances when a diagnostic test may be deemed necessary. In this type of test, the patient’s sample will
be collected and deposited in a test tube without any other individuals’ samples. The test may be either a lab-processed or rapid molecular test.

Lab-processed molecular test:

Lab-processed molecular tests may be administered by the patient’s school or collected by the patient at home. In this type of test, the tube will be identified by a randomly generated barcode. The Platform associates the barcode with the individual who provided the sample. The sample will be sent to an independent laboratory with authority to conduct COVID-19 tests. The laboratory will conduct testing and will enter the individual diagnostic test results in the Platform. I understand that these results will generally be (1) positive, (2) negative or (3) inconclusive. In the case of an inconclusive result, further testing may be recommended.

Rapid test:

Rapid tests may be administered by the patient’s school or collected by the patient at home. The patient’s school will provide the patient with the materials needed to collect samples and instructions on how to use these materials. In this type of test, the school or the patient will report the results of the test using the Platform. I agree that the patient has reviewed test kit materials (e.g., test type and manufacturer, test performance, result types, test reliability and limitations, and potential risks of harm, discomforts, and benefits of the test) and followed the instructions for use when conducting a rapid COVID-19 test, and that they are accurately reporting the results of the participating individual’s test using the Platform.

In case of a positive rapid test result, if the school requires additional individual diagnostic testing (which will be separately communicated to the participating individual by the organization), the patient understands and agrees that they may be asked to undergo an additional individual diagnostic test to determine whether they test positive for COVID-19.
D. Pooled Tests: I understand the patient may be asked to provide one or more samples for a "pooled test". In this type of test, the patient’s sample will be collected and deposited with those of one or more other individuals in a test tube. The tube will be identified by a randomly generated barcode. Color operates an information system and related software (the “Platform”) which associates the barcode with the individuals who provided samples. The patient’s school will send the test tubes containing multiple samples to an independent laboratory with authority to conduct COVID-19 tests. The laboratory will not have access to names or other identifiers relating to the individuals who provided samples except as required or permitted by law. The laboratory will conduct testing and will enter the pooled test results in the Platform. I understand that these results will generally either be (1) negative, indicating that none of the samples in the pool tested positive, or (2) positive, indicating that one or more samples in the pool tested positive. I understand that it is not possible to determine from positive pooled test results alone which member or members of the pool tested positive without additional individual testing. In case of a positive pooled test result or suspected exposure to a positive individual, if the school’s protocol requires additional individual diagnostic testing (which will be separately communicated to you by the school), I understand and agree that the patient may be asked to undergo an additional individual diagnostic test to determine whether the patient tests positive for COVID-19.

E. Possibility of Error: I understand that there is the potential for a false positive or false negative COVID-19 test result for pooled or diagnostic tests.

F. Safety Guidance and Protocols: I understand that the patient should continue to follow all applicable COVID-19 safety guidance, including mask-wearing and social distancing as appropriate, and follow the protocols that the patient’s school has implemented for isolating and testing in the event of a positive result or if the patient develops symptoms of COVID-19.

G. Collection, Use and Disclosure of Personal Information: I understand that Color may collect and use the personal information that I enter into the Platform about myself and the patient, if different, and the patient’s COVID-19 test results for the purposes of
administering the COVID-19 tests and facilitating the communication of test results to me, the patient (if different), and the patient’s school. I understand that Color collects, uses and discloses my personal information in accordance with its Privacy Policy and Terms of Service. I understand that the patient’s samples, information and COVID-19 testing results items may also be shared, when required by law, with certain federal, state, or local agencies for public health purposes. I understand that diagnostic test results will be shared with the ordering provider (if applicable) in compliance with applicable regulations. I will be required to sign separate HIPAA Authorizations regarding sharing of patient information and results (i) with the school to enable the patient to participate in the school’s testing program, and (ii) with Greenphire if you wish to receive payment for participation.

H. No Cost: I understand that testing through this program will be at no cost to the patient.

I. Application: I understand that this consent applies each time the patient takes a COVID-19 test through the testing program between August 23rd, 2021 through July 30th, 2022, unless I revoke my consent for subsequent testing. To revoke my consent, I need to contact support@color.com. Such cancellation will apply to future activity only and will not affect tests the patient has already taken or information I already permitted to be collected or released.

By checking the box, I am signing this consent electronically and agree that my electronic signature is the legal equivalent of my manual signature. I agree that I have been informed about the test purpose, procedures, possible benefits and risks. I understand that I will have the opportunity to ask questions before the patient provides a specimen for testing, and that I can ask additional questions of the program administrator at any time. I voluntarily agree to and consent to COVID-19 testing for the patient.

I acknowledge that if I am not participating in the Safer Smarter Schools program (the “Program”) administered by Greenphire, my information will not be shared with
Greenphire. If I or my minor child is participating in the Program, I hereby authorize Color to share my name, contact information, the name of the registered patient if the patient is my minor child, patient’s date of birth, as well as dates of testing under this Program (but not test results) with Greenphire (read full HIPAA authorization - Greenphire is deemed a “Program Sponsor” for purposes of the HIPAA authorization) the organization administering payment for the patient’s participation in the Louisiana Department of Health’s testing Program, as further described here. Read full HIPAA authorization: https://www.color.com/covid19-hipaa-authorization. I understand that this authorization applies to each time the patient gets tested through this program.

Pursuant to HIPAA, FERPA, and the Louisiana Student Privacy Law, I provide consent for a School employee to enter the patient’s information to be passed to the Louisiana Department of Health (LDH) via this web-based patient portal provided by Color. The designated school employee is fully authorized to disclose this information to LDH. Read full HIPAA authorization: https://www.color.com/covid19-hipaa-authorization.

I confirm that I have the legal authority to, and hereby authorize that the registered patient (either myself if I am of the age of majority or my minor child)’s information and results may be shared with the patient’s organization to guide decisions on health, safety, and/or returning to work/school read full HIPAA authorization. I understand that this authorization applies to each time the patient gets tested through this program.

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