



Center for Student Health & Counseling
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COVID-19 Testing Consent

Informed Consent for Coronavirus (COVID-19) Testing

Please carefully read the following informed consent:

- I authorize SHAC Health Services and/or their testing lab (Quest Diagnostics), to collect and perform testing for COVID-19, as ordered by one of SHAC's medical providers. This test(s) have been authorized by the Food and Drug Administration under an Emergency Use Authorization (EAU). This test is generally used for individuals with signs and symptoms compatible with COVID-19. Under other rare instances, as recommended by a healthcare provider, other COVID-19 related testing may be done.
- I authorize my test results to be disclosed to the county or state health department, or to any other governmental entity as may be required by law. My Personal Health Information (PHI) will not be released without written consent under any other circumstances in accordance with confidentiality laws.
- I understand that positive test results indicate that I will be required to self-isolate in order to avoid infecting those around me, as recommended by the Center for Disease Control and Prevention and the Oregon Health Authority.
- I assume complete responsibility in taking appropriate action with regards to my test results. I understand that I will be given my results through the patient portal and/or by phone. I hereby give permission to SHAC Health Services to leave a detailed message on my voicemail regarding my test results. I understand I will not hold PSU or SHAC Health Services liable if I do not read my patient portal message or am unable to be reached due to not having a voicemail set up or that my voicemail box is full. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.
- I understand that I should seek emergency medical attention immediately if I develop the following signs: trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face.
- I understand that, as with any medical test, there is the potential for false positive or false negative test results.

Self-Isolation

If I **have symptoms**, I agree to the following self-isolation requirements:

- I understand that I could be infected with the virus causing COVID-19 and that I meet criteria for self-isolation.
- I agree that I will remain in self-isolation until I receive my COVID-19 test results (depending on the test I am receiving today, results can take up to **5 business days**).
- I agree that if my COVID-19 test results are **positive**, I will remain self-isolated for **10 days** from the date my symptoms started **AND** until at least **24 hours** with no fever (without fever-reducing medication), **AND** symptoms have improved.
- I agree that if my COVID-19 test results are **negative**, I will remain in self-isolation until it has been at least **24 hours** with no fever (without fever-reducing medication), **AND** my symptoms have improved.
- I understand that if I do not self-isolate while I am sick, I could pose a substantial threat to the health of my community.

If I am **asymptomatic** (no symptoms), I agree to the follow self-isolation requirements:

- I agree that if my COVID-19 test results are positive, I will remain self-isolated for **10 days** from the date of testing.
- I understand that if I then develop symptoms, I will remain self-isolated for **10 days** from the date my symptoms started **AND** until at least **24 hours** with no fever (without fever-reducing medication), **AND** symptoms have improved.

Consent

I have been informed about the test(s) purpose, procedures, possible risks and benefits, and I have received a copy of this informed consent, upon request. I have been given the opportunity to ask questions before I sign, and my questions have been addressed to my satisfaction. I voluntarily agree to testing for COVID-19 and to self-isolation.

I acknowledge receipt of an agreement with the Student Health & Counseling Center's Consent for Treatment.