



Fremont County Government Consent and Release for Tests

(Participant Signature or Legal Guardian if under age 18)

For the purposes of this document, Lander Medical Center (LMC) refers to its employees, staff, volunteers, coordinators, and any contracted personnel including laboratory, transportation, and medical technologists.

Lab results will be forwarded to me or to my representative unless specified that the results are to be released only to me. (Release form available upon request.)

It is my responsibility to forward my lab results to my physician, or for other options, LMC can provide a medical release authorization form. LMC does not practice medicine or recommend medical treatment.

LMC does not interpret lab results for me.

LMC takes precautions in the event contamination occurs during the process of drawing, transporting, and processing blood against the risk of accidental exposure to bloodborne diseases. Wyoming state law allows any routine testing deemed necessary for the safety of the contaminated individuals to be carried out at no additional expense to me. I consent to such testing.

I understand that my health information will be used for the purposes of treatment, payment, and healthcare operations and that my privacy will be protected. I further understand that my health information will be shared with third-party consultants for administrative purposes.

I request and give permission to LMC to draw my blood and perform lab tests on that blood.

I release LMC and its employees and agents from liability for any injury that I may incur because of my participation in this blood test, including its or their negligence.

My signature indicates that I agree to the above, have been given an opportunity to ask questions, and I accept LMC Privacy Practices and can request a copy.

Printed Name _____ Signature _____ Date _____

Reason if the signature is other than the patient. _____

