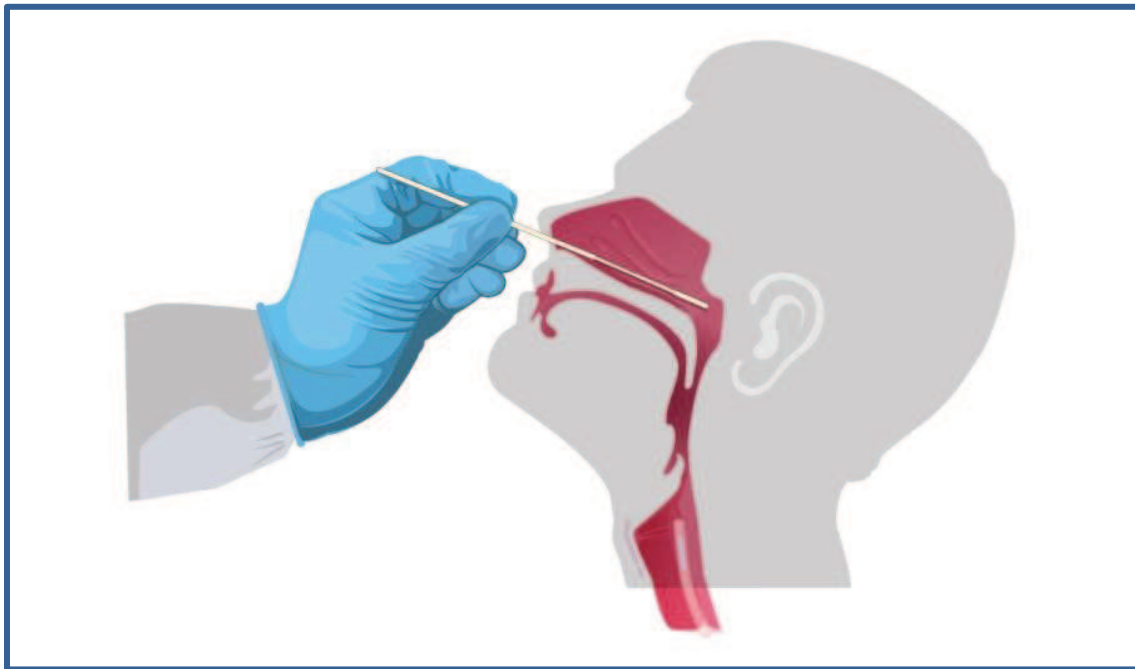


Patient Education – What to Expect

Nasal (Nasopharyngeal) Specimen Collection



1. **Blow your nose** into tissue to clear the nasal passages.
2. **Tilt head back** slightly so make it easier to swab.
3. **Close your eyes** to reduce the mild discomfort from the procedure.
4. **Swab is gently inserted** toward the back of the throat.
5. **The swab stays in place for a several seconds** and then is gently removed.

What happens next?

- IF positive+ result, you will be notified in about 3-5 days.
- IF negative- result, you will be notified in 1 week or less.

Consent & Authorizations

Employee/Staff Consent

Consent and Acknowledgments:

- N Y I acknowledge that viral testing for COVID-19 will tell me whether I have the virus at this moment in time and that I will need to continue to self-monitor for signs and symptoms of COVID-19 (e.g. fever, cough, shortness of breath) and should not report to work if ill.

- N Y I acknowledge that if I test positive for COVID-19, I will be asked not to come to work and avoid public spaces for at least 10 days to avoid spread to others.

- N Y I authorize Oregon Health Authority, the Local Public Health Authority, or their designees to collect a nasal or nasopharyngeal swab for the purposes of COVID-19 testing.

- N Y I authorize Oregon Health Authority, the Local Public Health Authority, or their designees to leave a message at the number provided above to communicate COVID-19 test results. *This is optional.*

Staff Member Signature

Date

Consent & Authorizations

Authorization to Use and Disclose Protected Health Information (Employee/Staff ONLY)

Date: _____

I (print name), _____, authorize Oregon Health Authority to disclose a copy of the **results of COVID-19 PCR test** to (employer name) _____ Representative, for the purpose of monitoring for asymptomatic infection among healthcare workers and implementing appropriate infection control. I understand by signing this form I am not releasing or waiving any rights or protections under law as an employee.

By initialing below, I understand and agree that this information will be disclosed to (employer name) _____ Representative.

COVID-19 PCR test _____ (initial here)

Signature

If you choose not to authorize the release of the results of your COVID-19 PCR test to your employer, please provide your name and preferred mailing address:¹

¹ COVID-19 test results are reported to the Oregon Health Authority (OHA) and local public health authorities (LPHA). Positive COVID-19 test results may be reported by OHA or an LPHA to an employer as necessary to identify other individuals who have been exposed, or as necessary to ensure proper control measures are in place.

Consent & Authorizations

Residents – Decision-Making Capacity

(attach list of residents)

Consent and Acknowledgments:

Each Resident listed and attached to this form were able to provide verbal consent for COVID-19 testing.

Residents have been informed that if the test is positive, they will be asked to remain in their room for at least 10 days and that staff will use personal protective equipment (PPE) for positively tested resident patient care to avoid spread to others.

Facility Representative Signature

Date

Consent & Authorizations

Residents – Consent-by-Proxy

(attach list of residents)

Consent and Acknowledgments:

Each Resident listed and attached to this form **required consent be obtained from the Resident’s health proxy, designee, or family member** for COVID-19 testing. Consent was obtained via the proxy on file for each resident.

Resident’s health proxy, designee, or family member has been informed that if the test is positive, they will be asked to remain in their room for at least 10 days and that staff will use personal protective equipment for their care to avoid spread to others.

Facility Representative Signature

Date
