I give permission for Practice Management of America Inc., “PMA” Medical staff to perform a COVID-19 test on me. The testing process has been explained to me and I have had an opportunity to ask any questions I may have. I acknowledge that PMA cannot guarantee the accuracy of the result and that it may be necessary for me to undergo additional testing in the future. I recognize that even if I have a negative result now, I can still contract COVID-19 in the future.

Administering the test does not create a patient/physician relationship between me and Practice Management of America, Inc. or any of its employees, nor does it obligate PMA or its staff to perform any other care or treatment for me.

I authorize PMA to receive my test results and convey them to me as well as inform my direct supervisor of the results. I understand by undergoing the test PMA may have to report the results to the Department of Health or other agencies.

Name of Employee Receiving Test (Printed):

Signature of Employee:

Date:

Name of PMA employee performing the test:

Signature of PMA Employee:

For all questions please reach out to:

Brenda Liz Perez, LPN - [DOSPcare@ipany.com](mailto:DOSPcare@ipany.com)

Phone call to Brenda is a requirement: 727-318-1044