THE CORE INSTITUTE®
SPECIALTY HOSPITAL
AN AFFILIATE OF SCA

Patient Notification Regarding State-Mandated Reportable Conditions

Certain infectious diseases and conditions, and the identity of those who test positive for them, are required by federal and/or state law to be reported to local or state health authorities by your health care providers, including ARCpoint Labs of Scottsdale North's Medical Director, their staff, and the laboratories that run the medical tests. The time frames and reporting requirements vary according to the disease or condition (See attached list of reportable conditions).

These local and state health authorities are considered Public Health Authorities according to the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") which means that they are legally authorized to receive your Protected Health Information ("PHI"). However, both ARCpoint Labs of Scottsdale North and these health authorities will not otherwise share or release any confidential information, unless mandated by law or authorized by you in writing.

You understand that if you test positive for any infectious disease or condition on the state's list of reportable conditions, your test result *and* your identifying information will be reported to the applicable local or state health authority. **Reporting this information does not require your permission or consent.**

Additionally, you understand that if you test positive for any infectious disease or condition, neither ARCpoint Labs of Scottsdale North, nor its Medical Director, their staff, or the laboratories that run the medical tests, will treat, prescribe medications, or refer you for medical treatment. It is your sole responsibility to seek and comply with necessary treatment and all required follow-up with your physician or local public health department.

Please note, reporting of certain information if you test positive is required by the state.

Employee Phone:_____ email:_____
Address: _____
(street, unit #, city, state, zip)

I have read and understand the above information:

Patient/Participant:

Sign Name: _____

Print Name: _____

Date: _____

Witness:

Sign Name: _____

Print Name: _____

Date: _____