



Consent for Adults COVID-19 Rapid Test Prior to Admission

Name of Person Being Tested: _____ DOB: _____
(Please Print)

Address: _____
City State Zip

Cell Phone Number (**Required**): _____

Email Address (**Required**): _____

Four Winds Hospital does not provide emergency psychiatric care and admissions are by appointment only. When you scheduled your appointment you were advised that in order to prevent the spread of the coronavirus and to protect the patients currently in the hospital, a condition of admission is a negative result of a COVID-19 test. You have been offered the opportunity to obtain a test from another health care provider instead of having the test conducted at the hospital prior to admission.

You will receive a free BD Rapid Antigen Test to detect the COVID-19 virus. Collecting a specimen for testing involves inserting a small swab, similar to a Q-Tip, into the front of the nose. There may be some minor discomfort in the nose or throat or bleeding in the nose. You will be given the results of the test in writing.

You acknowledge that you have been advised that if you test positive:

- a psychiatric assessment will not be conducted
- the hospital will not be able to proceed with the admission
- you will be asked to leave hospital grounds
- you will be referred back to your outpatient mental health provider and given a list of Crisis Resources and Emergency Rooms
- your outpatient mental health provider will be contacted and told that the admission was not able to proceed due to a positive result from a COVID-19 rapid test

By signing below, I attest that:

- I have signed this form freely and voluntarily.
- I consent to be tested for COVID-19 infection.
- I understand that tests sometimes produce incorrect results and that the result of this test is not guaranteed that I do not have COVID-19 at this time.
- I understand that my test results may be disclosed as required by law.
- I consent to the disclosure of positive test results to my outpatient behavioral health and medical providers.

Signature

Date

Witness Print Name: _____

Witness Signature: _____