

Laboratorio Clinico Toledo

1. Please enter your demographic information which should match your government issued identification (driver's license, state ID or passport). Mother's last name only required for those who use both last names in their government issued ID.

First Name and initial _____ Father's Last Name _____ Mother's Last Name (if applicable) _____

Date of Birth: _____ Gender assigned at birth: Female Male Mobile Phone: _____

Email: _____

Street Address: _____ Apt./Unit #: _____ City: _____ State: _____ Zip Code: _____

Marital Status:
 Single Married Domestic Partner Separated Divorced Widowed

Preferred contact method:
 Mobile Phone Email

2. Please provide us with your Covid-19 vaccine information, if you have not been vaccinated, please write "N/A" across the table, thank you.

	Manufacturer	Lot information	Date	Adverse Effects?
Dose 1				
Dose 2				
Booster				

3. The federal law Health Insurance Portability and Accountability Act (HIPPA) of 1996 requires that the patient be notified of the privacy and confidentiality policy of the entity and that such notification be evidenced. The Letter of Rights and Obligations of the Patient requires that in order to be able to To provide our services to you, we must obtain your consent to use and disclose your protected health information for the purposes of treatment, payment, and other health care operations and transactions conducted by our organization. By signing this consent you authorize the ENTITY, its workforce and its business associates to use and disclose your protected health information for purposes of treatment, payment, transactions and health care operations. You also acknowledge having been notified in writing of our Privacy and Confidentiality Policy. You have the right to revoke this consent in writing, except to the extent that the organization, its employees and/or business associates have taken any use and/or disclosure action based on it. The ENTITY reserves the right to review, change or amend the policy and practice on use and disclosure described in this notice at any time. If you are interested in the revised and amended notice, please request it at the address and/or telephone numbers on the header of this form. I certify that I have read the provisions of this consent, that I understand it and that I agree to the terms and conditions expressed in it.

Signature

Date