ADEYSONS HEALTH LLC

COMMUNITY HEALTH WORKERS | PHLEBOTOMY | MEDICAL COURIER

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CLIA #45D2344227 · NPI 1194660787 · NPCN-17788-18467 · TX SOS File #806353583

Patient Consent — Phlebotomy & Specimen Collection

(Sign by hand and bring to your appointment, or photograph this signed page and upload it at adeysonshealth.com/consent.)

Patient Information

Full legal name (Last, First Middle) _____

Date of birth _____

Email _____

Phone _____

Home / collection address _____

Guardian name (if patient is a minor or incapacitated adult) _____

Relationship to patient _____

1. Consent to Treatment

I voluntarily consent to the following services performed by a certified phlebotomist or authorized clinical-logistics professional employed or contracted by ADEYSONS HEALTH LLC: venipuncture using sterile single-use needles & vacutainer tubes; capillary (finger-stick) blood collection; physician-ordered specimen collection (urine, saliva, oral/nasal swab, stool); and non-diagnostic on-site supportive readings (blood pressure, pulse, oxygen saturation, finger-stick glucose) recorded for patient comfort and visit documentation only.

2. Risks & Discomfort

I understand venipuncture and specimen collection carry minor, ordinary risks including but not limited to: temporary discomfort, bruising, bleeding, dizziness, fainting, hematoma, nerve irritation, and (rarely) infection at the puncture site. I will disclose any bleeding disorder, anti-coagulant medication, recent vasovagal episode, latex allergy, or other relevant medical condition prior to the procedure.

3. HIPAA Notice of Privacy Practices

I acknowledge that I have been offered a copy of the Company's Notice of Privacy Practices in accordance with HIPAA, 45 CFR § 164.520. The Notice is published at adeysonshealth.com/privacy.

4. Financial Responsibility & Assignment of Benefits

I am financially responsible for any service not covered by my insurance carrier. I assign to ADEYSONS HEALTH LLC any benefits payable under my insurance plan and authorize the Company to release medical or billing information necessary for processing my claim.

5. Specimen Handling & Chain of Custody

I authorize ADEYSONS HEALTH LLC to label, transport, and deliver my specimen(s) under HIPAA-compliant chain-of-custody procedures to the reference laboratory ordered by my physician (Quest Diagnostics, LabCorp, or other physician-designated laboratory). I understand the Company does not perform diagnostic testing in-house and is not a CLIA-certified clinical laboratory.

6. Texas Patient Rights

This consent is obtained in accordance with Texas Health & Safety Code Ch. 241 and Texas Occupations Code Ch. 159 (Medical Privacy Act). I have the right to revoke this consent in writing at any time prior to service.

7. Photo & Video Release (Optional)

The optional checkbox below authorizes the use of anonymized photos or simulated-demonstration footage for marketing or educational purposes. Declining does not affect the services provided.

Acknowledgments — initial each box

- ☐ **Required.** I consent to phlebotomy, specimen collection, and the non-diagnostic on-site readings described in §§1–2 above.
- ☐ **Required.** I acknowledge receipt of the HIPAA Notice of Privacy Practices (§3).
- ☐ **Required.** I accept financial responsibility and assign insurance benefits as described in §4.
- ☐ *Optional.* I authorize anonymized photo / video use for marketing or education (§7).

Signatures

Patient (or guardian) — wet-ink signature _____ **Date** _____

Printed name _____

Witness / phlebotomist signature _____ **Date** _____

Witness printed name _____

Signed electronically or in wet ink under the Texas Uniform Electronic Transactions Act (TUETA) and the federal E-SIGN Act (15 U.S.C. § 7001). Retain a copy for your records; ADEYSONS HEALTH LLC retains the original under 45 CFR § 164.530(j) for a minimum of six (6) years.

Authenticate this form — issued by ADEYSONS HEALTH LLC
Scan the QR with any phone — verifies that this document was issued by ADEYSONS HEALTH LLC and has not been altered since seal date.
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