

HIPAA-COMPLIANT HEALTH DATA CONSENT FORM

I hereby irrevocably agree and consent that Lyme Justice, LLC, (the “Company”) and its agents and assigns (e.g., Lyme Aware, LLC; The Front Lyme, LLC; etc.) may obtain and use all or part of my health and/or blood/urine test results, genetic tests, and any other laboratory tests (collectively, “health data”) as well as any medical questionnaire or survey results for use in investigative medical research in topics including, but not limited to Multiple Systemic Infectious Disease Syndrome (“MSIDS”). Furthermore, I consent to the use of any of my existing health data to be shared with Company as needed to complete the Company’s research objectives. Health data may also be shared with any of Company’s affiliate research partners, consistent with Investigative Review Board (“IRB”) policies.

I understand that I have certain rights to privacy regarding my protected health information (“PHI”). These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Although Company is not a Covered Entity (“CE”) under HIPAA, Company may be act as a Business Associate (“BA”) of a CE currently engaged in MSIDS research.

I understand that by signing this consent I authorize you to use and disclose my PHI to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
- Obtaining payment from third party payers (e.g. my insurance company); or
- The day-to-day healthcare operations of CEs.

I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my PHI is used and disclosed to carry out treatment, payment and health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent with respect to my PHI, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

By(Signature): _____ Date: _____

Printed Name: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

If a Minor:

Name of Legal Guardian: _____

Name of dependent/minor: _____

Signature of Legal Guardian: _____

Signature of Minor: _____

Address/Phone number of Legal Guardian: _____

Emergency Contact Name: _____

Phone number: _____