

Authorize Release of My Samples

I voluntarily request and authorize True Blue Health & Wellness and its subsidiaries, affiliates and partners to submit to its healthcare partners the genetic testing kit on behalf of myself or a person for whom I am legally responsible to determine whether I/this individual possess(es) genetic variants which may have health implications as deemed medically necessary by a healthcare provider. I understand that additional samples may be needed if the sample are damaged in shipment or inaccurately submitted.

Authorize Request for Reimbursement

If I am covered by insurance, I voluntarily request and authorize True Blue Health & Wellness and its subsidiaries, affiliates and partners to submit to my insurance carrier the information necessary for reimbursement of the services performed. I agree to assist in any manner necessary or provide additional documentation as requested to resolve insurance claim issues. If I do not assist, I understand that I will be responsible for all payment obligations arising from the ordered testing and guarantee payment for these services. I understand certain services as indicated by my insurance carrier may require deductibles and coinsurance.

If the testing is not authorized by or is not covered by my insurance carrier I understand that the testing will not be performed. I agree that I may be contacted at the phone number or email provided with the option to pay out-of-pocket.

Consent to Electronic Communications

As a convenience to you True Blue Health & Wellness offers the testing results via a HIPPA compliant secured confidential web portal. It is your sole responsibility to ensure login credentials are kept confidential and not shared with third parties. Access by third parties using your login credentials will be treated as having been authorized by you to access your PHI.

I hereby release True Blue Health & Wellness and its providers or subsidiaries from any and all legal liability and injuries that arise from the communication of PHI via fax or through secured electronic communication.

Consent to Electronic Signature

By affixing your signature and clicking "Submit", you have consented to sign these Consents and/or Authorizations using an electronic signature, you intend: (i) your electronic signature to be an electronic signature under applicable federal and state law; (ii) any printout of an electronic record of this Agreement and related notices to be an original document; and (iii) to conduct business with True Blue Health & Wellness by electronic records and electronic signatures.

True Blue and its partners have agreements with multiple laboratories. To best service my request, if necessary, I authorize True Blue Health & Wellness to affix this consent and/or accompanying signature to the necessary documents which are at a minimum in line with the consents provided above.

Client Signature

Date