



This Document confers that Express Health Systems, herein referred to EHS, and Civitas Senior Living, herein referred to as Civitas have made an agreement to evaluate Civitas patients for Covid19 at no out of pocket expense to the patient. Additionally, it confers that neither EHS nor Civitas will bill the patient's Medicare, nor Private Insurance, for this Covid19 evaluation. This evaluation by EHS for Civitas includes the following:

1. A telemedicine Covid19 screening by a medical clinician licensed in the State of Texas
2. Ordering of Covid19 testing, coordinating with qualified staff to collect the Covid19 testing
3. Coordinating with a qualified laboratory to carry out and provide results of the Covid19 testing
4. Providing the results of Covid19 to Civitas patients
5. Provide Civitas the Covid19 results of their Covid19 screened patient that have given legal release by these patients to Civitas

Note that EHS will carry out these processes only on behalf of Civitas for their patients who have agreed to release their Covid19 test results to Civitas. If a Civitas patient declines to release their Covid19 test results to Civitas then EHS will not evaluate/screen this patient for Civitas. CDC and Texas state guidelines may restrict Covid19 testing. EHS will follow all applicable governmental rules, regulations, and restrictions regarding Covid19 testing. If prohibited in any way by such governmental rules, regulations, and restrictions, EHS will not carry out a Covid19 test.

EHS and Civitas Companies Representatives' Signatures below confirm the truthfulness of this document. The patient's signature, or the signature of the patient's legal guardian below serves as patient consent/agreement to:

1. This document, including the evaluation process as described above and Form covidTCS-EHS-20v1 (provided as a separate handout). Patient/Patient's Legal Guardian confirms my receipt of a physical copy of Form covidTCS-EHS-20v1, or my acceptance of declining a physical copy in lieu of the electronically available version found at www.ExpHS.com
2. Release of the below patient's Covid19 laboratory test, if performed, to Civitas
3. To permit EHS, or a 3rd Party Medical Company with which EHS contracts, to collect the Covid19 sample for testing from the patient listed below. I understand that if a 3rd Party Medical Company collects the Covid19 test, they will bill my insurance companies (governmental and/or private) for this service/nursing style visit.
4. To have the below patient's Covid19 laboratory test carried out by a Laboratory that is licensed in the State of Texas to conduct this test. I understand that this independent laboratory will bill my insurance companies (governmental and/or private) for the processing of this test.

EHS Representative: Trung Nguyen, DO
EHS' Chief Medical Officer
Signature: _____

Civitas Representative: Misty Miller, MSN, RN
Civitas Chief Operating Officer
Signature: _____

Civitas Patient this form applies to: _____ Patient's DOB _____

Patient's Signature or Legal Guardian's Signature if applicable: _____