

### How to get labs:

**At LEAST 48 hours before you want to get labs**, you will contact them. You must tell them what labs you want and pay in advance by charge. **This is NOT a walk in lab.** They work with other labs in Houston to do the actual draw for patients that do not want to make an appointment at their 290 location. Texas Wellness Associates 10500 Northwest Freeway, Houston, TX 77092 **EACH time you must go through Texas Wellness, following the same steps to get the discount price.** **Fastest way**, E-mail [lmccain@texaswellness.com](mailto:lmccain@texaswellness.com) leave a way to contact you ( phone or e-mail). **Second way:** Call and leave a message. Phone 713-683-9494 **Leave your name and number.** She is OFTEN away from that office doing blood draws. **This is a one person lab.** So it may take a couple days to return your call. **Third way:** Fax this paperwork to them 48 hours in advance 713-957-3535

### Texas Wellness Consent Form- EVERY LINE MUST BE COMPLETED!

You may revoke this consent at any time. Revocation must be made in writing, signed by you or on your behalf, and delivered in person or by mail. Our posted privacy policy provides more detailed information about the use and disclosure of your protected health information. You have the right to review our policy before signing this authorization and may obtain a copy by calling 713-683-9494 or 866-683-9494. We reserve the right to amend our privacy policy at any time. I hereby give consent to Texas Wellness Associates to use and disclose my protected health information only for the purposes I indicate and direct. Information will be released under subpoena from government authorities as prescribed by law.

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are signing as the patient's representative: Your name \_\_\_\_\_

Relationship \_\_\_\_\_ Informed Consent and Release

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ I hereby

voluntarily consent and grant permission to The Texas Wellness Associates, INC., and its employees, providers, agents, contractors, representatives, and assignees to perform venipunctures for the purpose of blood testing. I understand that a trained technician will perform the procedure. I consent to the release of information necessary to perform tests to the laboratory. The results will be kept confidential. I understand the data derived from the tests is preliminary only, and does not constitute a diagnosis, and that I am solely responsible for obtaining a consultation with my physician to determine the importance of the tests. I hereby, fully and unconditionally, forever release and hold harmless employees, providers, agents, contractors, representatives and assignees, (individually and collectively, Releasees), from any and all liabilities, claims, omissions, in connection with the drawing of my blood, laboratory testing of my blood or any specimen, the data derived from such testing, or the dissemination of such data. I hereby understand and agree that this release includes, without limitation, any act or omission that is, or may be any form of negligence on the part of any of the Releasees. Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Please check desired test:

\_\_\_\_ Wellness Profile \_\_\_\_ Health Profile \_\_\_\_ Other \_\_\_\_\_ **ALL LABS ARE FASTING!**