



Licensed for Clinical Revolution and Trusted by Leading Institutions

Headquarters: 31 Light Street, Baltimore, MD 21202
Tel: 667-312-2924 | Email: info@healthieone.com
Website: https://healthieone.com/
NPI: 1649162587 | CLIA: 21D2287503 | CAP: 9662090

PARENTAL / GUARDIAN CONSENT FORM FOR MINOR TESTING

Authorization for Collection and Processing of a Minor's Health Information

1. PURPOSE

HealthieOne provides comprehensive annual health testing services for all ages, including children and teenagers. We have specialized reference ranges for different populations, including children, adolescents, pregnant women, post-menopausal women, and various adult age groups. Because the individual receiving testing services is under 18 years of age, written consent from a parent or legal guardian is required before we can collect, process, or store any personal or health-related information.

2. PARENT / LEGAL GUARDIAN INFORMATION

Full Legal Name

Relationship to Minor	Date of Birth (MM/DD/YYYY)
_____	_____

Mailing Address

Phone Number	Email Address
_____	_____

Government-Issued Photo ID Number (for verification)

3. MINOR'S INFORMATION

Minor's Full Legal Name

Date of Birth (MM/DD/YYYY)	Age	Gender
_____	_____	_____

4. HIPAA AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize Gigantest, Inc. to have access to the minor's protected health information (PHI) for the following purposes:

- Generation and maintenance of a medical/laboratory record for the minor.
- Performing laboratory testing and analysis, in CLIA-certified laboratories as necessary.
- Disclosure of test results to the parent/guardian and, where applicable, to the minor's designated healthcare provider(s).



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- Transmission of results through the HealthieOne electronic patient portal system.
- Billing and operational activities as permitted by HIPAA and applicable state laws.

This authorization remains in effect unless revoked in writing by the parent or legal guardian. I understand that I may revoke this authorization at any time by submitting a written request to info@healthieone.com. Revocation will not affect any actions taken prior to receipt of the written revocation.

5. LABORATORY DISCLOSURE

HealthieOne's testing services are performed by Gigantest, Inc., a CLIA-certified (CLIA: 21D2287503) and CAP-accredited (CAP: 9662090) clinical laboratory located at 31 Light Street, Baltimore, MD 21202. Laboratory reference ranges may vary based on the analytical method used and population.

6. RISK DISCLOSURE FOR BLOOD COLLECTION

I understand that blood collection (venipuncture or capillary collection device) may involve minimal risks, including but not limited to: temporary discomfort or pain at the draw site, bruising (hematoma), lightheadedness or fainting (vasovagal response), and, in rare cases, infection at the puncture site. I acknowledge that these risks have been explained to me and I consent to the blood collection procedure for the minor named above.

7. SCOPE OF SERVICES AND EMERGENCY FINDINGS

I understand that HealthieOne is not an emergency medical service. If results indicate a potentially urgent or critical finding, I am responsible for promptly seeking appropriate medical evaluation and care for the minor. HealthieOne will make reasonable efforts to notify the parent/guardian of any critical values, but ultimate responsibility for medical follow-up rests with the parent/guardian and the minor's healthcare provider.

8. DATA RETENTION

HealthieOne retains health records and test results in accordance with applicable federal and state legal requirements and internal data retention policies. Personal health information will be stored securely for the duration required by law or as necessary to provide ongoing services. Upon written request, and subject to legal retention requirements, HealthieOne will delete or de-identify personal data that is no longer required.

9. CONSENT AND ACKNOWLEDGMENT

By signing below, I confirm and acknowledge the following:

- I am the parent or legal guardian of the minor named above and have the legal authority to provide consent on their behalf.
- I authorize HealthieOne (operated by Gigantest, Inc.) to collect, process, and store the minor's personal and health-related information, including blood sample data, solely for the purpose of performing health testing services.
- I understand that HealthieOne has specialized reference ranges for children and adolescents, and the minor's test results will be interpreted using age- and gender-appropriate reference ranges.
- I understand that the HealthieOne results are intended for informational and wellness purposes and do not constitute a medical diagnosis. I agree to consult with the minor's primary healthcare provider for any medical decisions based on the results.
- I understand that HealthieOne does not provide medical treatment, prescribe medications, or replace the minor's primary care provider.



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- I understand that HealthieOne will protect the minor's personal information in accordance with its Privacy Policy, HIPAA, and applicable federal and state laws, and will not sell the minor's personal information to third parties.
I understand that I may request access to, correction of, or deletion of the minor's personal information at any time by contacting HealthieOne at info@healthieone.com.
I consent to receive the minor's test results electronically via the HealthieOne patient portal and/or email.

10. MINOR ASSENT (for minors aged 12 and older)

I confirm that the minor has been informed about the testing process in an age-appropriate manner and has agreed to participate. For minors under the age of 12, parental/guardian consent alone is sufficient.

Minor's Signature (if 12 or older)

Date (MM/DD/YYYY)

Minor's Printed Name

11. PARENT / GUARDIAN SIGNATURE

I have read and understand this consent form in its entirety. I voluntarily provide my written consent for HealthieOne to perform testing services on the minor named above and to collect, process, and disclose their personal and health information as described herein. I acknowledge that I have received a copy of this consent form for my records.

Parent/Guardian Signature

Date (MM/DD/YYYY)

Print Name

FOR OFFICE USE ONLY

Table with 3 columns: Received by, Date Received, Test ID. Includes checkboxes for ID Verified, Guardian Verified, and Minor Assent (12+).

Questions? myhealthieone@healthieone.com or Live Chat for instant assistance. We are available 7 days a week from 9:00 AM to 11:30 PM EST.