AGREEMENT TO PARTICIPATE IN HEART SCREENING

Providence Heart and Vascular Institute is offering a heart screening program for young adults age 12-18. The information obtained from participants will be reviewed by medical personnel at the event. The identity of the screening participants will remain confidential and available only to Providence Health & Services and the medical personnel helping at the event. The screening program may include:

1. Medical History Questionnaire
2. Blood pressure
3. Electrocardiogram (ECG)
4. Echocardiogram (an ultrasound picture of the heart)

The data collected related to your heart screen will be reviewed by medical personnel participating in our event and may be used in an aggregate form (no names or identifiers) as part of a research study on heart screening in the young. In agreeing to your heart screen, you understand and provide permission that the information collected about you during the screening process, including the information contained in your medical questionnaire, will be reviewed by medical personnel and can be included in a research study. Medical personnel will provide you with a summary of the results of your screening and may recommend additional evaluation through follow-up with your physician or specialist. By agreeing to participate in the program, if so indicated you give permission to Providence Health & Services and medical personnel to provide your screening results to your physician.

Consent for Participants Age 18:

I acknowledge that I have read the above agreement to participate and understand its contents. Any questions have been answered to my satisfaction. I agree to be a participant in this heart screening, and in connection therewith, I consent to the release of information obtained in connection with the screening as described above. I understand that Providence Health & Services will not disclose my identity to any third party without my consent. I understand that I may withdraw from the screening. I further agree to hold Providence Health & Services, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations harmless and waive all subrogation rights against Providence Health & Services and their directors, officers and volunteers as respects process and results of this free heart screening performed on this day.

Providence reserves the right to provide a copy of the patient's medical history questionnaire and electrocardiogram to the patient's primary physician. I authorize Providence Health & Services to provide a copy of my assessment to my pediatrician/physician at the following address:

_____

_____

_____ _____ _____

Date **Printed Name of Participant** **Signature of Participant**

Parental/Guardian Consent for Participants Under the Age of 18:

As parent/guardian of the above minor participant, I acknowledge that I have read the above agreement to participate and understand its contents. Any questions have been answered to my satisfaction. I grant permission for my child to participate in this cardiovascular screening. I consent to the release of information in connection with the screening as described above. I understand Providence Health & Services will not disclose my child's identity to any third party without my consent. I understand that I may withdraw my child from the screening or follow-up at any time without penalty. I further agree to hold Providence Health & Services, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations harmless and waive all subrogation rights against Providence Health & Services and their directors, officers and volunteers as respects process and results of this free heart screening performed on this day.

Providence reserves the right to provide a copy of the patient's medical history questionnaire and electrocardiogram to the patient's primary physician. I authorize Providence Health & Services to provide a copy of my child's assessment to his/her pediatrician/physician at the following address:

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_____ _____ _____

Date **Printed Name of Participant** **Signature of Parent/Guardian**