

HIPAA Privacy Policy #14
Uses and Disclosures of Highly Sensitive Information

Effective Date: January 22, 2020	Refer to Privacy Rule Sections:
Authorized by: Equinox Board of Directors	Version #:

Policy: It is the Policy of Equinox, Inc. to provide greater privacy protections and safeguards to highly sensitive Protected Health Information, which includes information that relates to HIV, Mental Health, Alcohol and Substance Abuse Treatment, and Genetic Information (collectively referred to as “Highly Sensitive Information”) in accordance with New York and Federal Law requirements. This Policy addresses situations and accompanying processes for the use and disclosure of Highly Sensitive Information. The Privacy Officer, and legal counsel, when appropriate, should be consulted prior to the release of Highly Sensitive Information.

Attachment A – HIV Related Information

Attachment B – Mental Health

Attachment C – Alcohol and Substance Abuse Treatment

Attachment D – Genetic Information

Attachment A

Confidentiality of HIV-Related Information

I. HIV-Related Information Defined:

HIV-related information is any information indicating that a patient had an HIV-related test (even if the test is negative), has an HIV-related illness or AIDS, has an HIV-related infection, has been exposed to HIV, or any information which could reasonably identify the patient as a person who has had a test for, or has, HIV.

II. Uses and Disclosure of HIV-Related Information Generally Require Patient Consent:

Generally, Equinox, Inc. may **not** use or disclose HIV-related information obtained in the course of treatment or pursuant to a release of confidential HIV-related information, **without patient consent**, *except to the following individuals or entities, or in accordance with the following circumstances:*

a. Uses and Disclosures for Medical Treatment:

- i. The patient or, when the patient lacks capacity to consent, a person authorized to provide consent. *N.Y. Public Health Law § 2782(1)(a);*
- ii. Medical professionals working on the treatment team with the patient's existing provider may be given a patient's HIV-related information and discuss same with each other or with their supervisors, but only to give necessary care. A general release is needed to disclose medical information to a provider who is not affiliated with the person's current medical provider. *N.Y. Public Health Law § 2782(1)(d) and 45 C.F.R. §§ 164.502(a), 164.506(c);*
- iii. Medical personnel and certain other supervisory staff at correctional facilities and the office of probations may have access to HIV-related information to provide or monitor services if the person is in jail or prison, or is on parole. *N.Y. Public Health Law §§ 2782(1)(m), 2782(1)(l), 2782(1)(o);* and
- iv. Parents or guardians of a minor or individuals who are legally authorized to provide consent can be given HIV-related information about the patient if it is necessary to provide timely care, unless it would not be in the patient's best interest to disclose the information. *N.Y. Public Health Law § 2782(4)(e).*

b. Uses and Disclosures to Monitor Health Care and Disease Prevention:

- i. Health care facility staff and committees, oversight review organizations, or government agencies that are authorized to have access to medical records may be given HIV-related information when it is needed to supervise, monitor, or administer a health or social service. *N.Y. Public Health Law § 2782(1)(f);*
- ii. Known partners of an HIV-positive person must be notified that they have been exposed to HIV by a physician or public health officer. *N.Y. Public Health Law § 2133;* and

- iii. Public health officials, when access to this information is required by law (such as HIV case reporting to monitor disease trends and plan prevention programs). *N.Y. Public Health Law §§ 2130, 2132.*
- c. Uses and Disclosures for Other Circumstances:
- i. In certain cases of on-the-job exposure to HIV when all criteria for exposure have been met that present a risk of transmission of HIV. *10 NYCRR § 63.8;*
 - ii. An organization that procures, processes, distributes or uses a human body, human body parts, including organs for use in medical education, research, therapy or transplantation. *N.Y. Public Health Law § 2782(1)(e);*
 - iii. Federal, State or Local health officers, when such disclosure is mandated by law. *N.Y. Public Health Law § 2782(1)(g);*
 - iv. A funeral director upon taking charge of the remains of a deceased person and has access in the ordinary course of business to information on the death certificate of the deceased patient. *10 NYCRR § 63.6(a)(11);*
 - v. Any person to whom disclosure is ordered by a court of competent jurisdiction. *N.Y. Public Health Law § 2728(1)(k);*
 - vi. Authorized agencies that work with prospective adoptive or foster parents. *N.Y. Public Health Law § 2782(1)(h);*
 - vii. An attorney or law guardian appointed to represent a minor pursuant to the Social Services Law or Family Court Act for purposes of representing the minor. If the minor has the capacity to consent, the minor's attorney may not redisclose HIV related information without the minor's permission. *N.Y. Public Health Law § 2782(1)(p) and 10 NYCRR § 63.6(a)(16);*
 - viii. An executor or administrator of an estate when necessary to fulfill their responsibilities/duties as an executor or administrator. *N.Y. Public Health Law § 2782(1)(q);*
 - ix. A special court order issued by a judge that requires release of HIV-related information. HIV-related information cannot be released in response to a subpoena issued by an attorney. *N.Y. Public Health Law § 2785;*
 - x. In connection with a report of child abuse or neglect to appropriate State or local authorities. *N.Y. Public Health Law § 2782(7) and 45 C.F.R. § 164.512(c);*
 - xi. Qualified researchers for medical research purposes upon the approval of a research review committee or Institutional Review Board. *N.Y. Public Health Law § 2782(1)(j).*¹

¹ Public Health Law Article 27-F does not cover HIV testing when it is ordered solely for insurance reasons. This is covered by Insurance Law § 2611. When an HIV test is given for insurance reasons, it generally includes a brief written consent and a referral to a counselor for further questions. *See N.Y. Insurance Law § 2611.*

III. Procedure:

Under New York State law, confidential HIV–related information may only be given to persons authorized by law, or persons the patient has authorized to receive it by signing an approved authorization form, which includes the following:

a. Approved Authorization Form:

- i. The New York State Department of Health form HIPAA Compliant Authorization For Release of Medical Information and Confidential HIV–Related Information (DOH 2557); See Attachment A-1; or
- ii. The New York State Office of Court Administration form, when the appropriate sections have been completed to authorize the release of HIV information. *N.Y. Public Health Law § 2786(2)(a) and N.Y. Public Health Law § 2782(4)(e)*. See Attachment A-2.

IV. Redisclosure Statement:

Any disclosure of HIV-Related Information will be accompanied by the following, or a similar statement that the HIV–related information may not be redisclosed.

“This information has been disclosed to you from confidential records which are protected by State Law. State Law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of State Law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient for further disclosure.”

Attachmend A-1

New York State Department of Health

**Authorization for Release of Health Information
and Confidential HIV-Related Information***

This form authorizes release of health information including HIV-related information. You may choose to release only your non-HIV health information, only your HIV-related information, or both. Your information may be protected from disclosure by federal privacy law and state law. Confidential HIV-related information is any information indicating that a person has had an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or any information that could indicate a person has been potentially exposed to HIV.

Under New York State Law HIV-related information can only be given to people you allow to have it by signing a written release. This information may also be released to the following: health providers caring for you or your exposed child; health officials when required by law; insurers to permit payment; persons involved in foster care or adoption; official correctional, probation and parole staff; emergency or health care staff who are accidentally exposed to your blood; or by special court order. Under New York State law, anyone who illegally discloses HIV-related information may be punished by a fine of up to \$5,000 and a jail term of up to one year. However, some re-disclosures of health and/or HIV-related information are not protected under federal law. For more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065; for more information regarding federal privacy protection, call the Office for Civil Rights at 1-800-368-1019. You may also contact the NYS Division of Human Rights at 1-888-392-3644.

By checking the boxes below and signing this form, health information and/or HIV-related information can be given to the people listed on page two (and on additional sheets if necessary) of the form, for the reason(s) listed. Upon your request, the facility or person disclosing your health information must provide you with a copy of this form.

- I consent to disclosure of (please check all that apply):
- My HIV-related information
 - My non-HIV health information
 - Both (non-HIV health and HIV-related information)

Name and address of facility/person disclosing HIV-related information: _____ _____
Name of person whose information will be released: _____
Name and address of person signing this form (if other than above): _____ _____
Relationship to person whose information will be released: _____
Describe information to be released: _____
Reason for release of information: _____
Time Period During Which Release of Information is Authorized: From: _____ To: _____
Exceptions to the right to revoke consent, if any: _____ _____
Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment, or eligibility for benefits (Note: Federal privacy regulations may restrict some consequences) _____ _____
Please sign below only if you wish to authorize all facilities/persons listed on pages 1,2 (and 3 if used) of this form to share information among and between themselves for the purpose of providing health care and services.
Signature _____ Date: _____

* This Authorization for Release of Health Information and Confidential HIV-Related Information form is HIPAA compliant. If releasing only non-HIV related health information, you may use this form or another HIPAA-compliant general health release form.

**Authorization for Release of Health Information
and Confidential HIV-Related Information***

Complete information for each facility/person to be given general information and/or HIV-related information. Attach additional sheets as necessary. It is recommended that blank lines be crossed out prior to signing.

Name and address of facility/person to be given general health and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

Name and address of facility/person to be given general health and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

The law protects you from HIV-related discrimination in housing, employment, health care and other services. For more information, call the New York City Commission on Human Rights at (212) 306-7500 or the NYS Division of Human Rights at 1-888-392-3644.

My questions about this form have been answered. I know that I do not have to allow release of my health and/or HIV-related information, and that I can change my mind at any time and revoke my authorization by writing the facility/person obtaining this release. I authorize the facility/person noted on page one to release health and/or HIV-related information of the person named on page one to the organizations/persons listed.

Signature _____ Date _____

If legal representative, indicate relationship to subject:

Print Name _____

Client/Patient Number _____

* **This Authorization for Release of Health Information and Confidential HIV-Related Information form is HIPAA compliant. If releasing only non-HIV related health information, you may use this form or another HIPAA-compliant general health release form.**

**Authorization for Release of Health Information
and Confidential HIV-Related Information***

Complete information for each facility/person to be given general information and/or HIV-related information. Attach additional sheets as necessary. It is recommended that blank lines be crossed out prior to signing.

Name and address of facility/person to be given general health and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

Name and address of facility/person to be given general health and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

Name and address of facility/person to be given general health and/or HIV-related information.

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

Signature _____	Date _____
If legal representative, indicate relationship to subject:	
Client/Patient Number _____	

* This Authorization for Release of Health Information and Confidential HIV-Related Information form is HIPAA compliant. If releasing only non-HIV related health information, you may use this form or another HIPAA-compliant general health release form.

Attachment A-2

Instructions for the Use of the HIPAA-compliant Authorization Form to Release Health Information Needed for Litigation

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act (“HIPAA”) and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out on line and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as “at the conclusion of my court case” or provide a specific date amount of time, such as “3 years from this date.”

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.

Attachment B

Confidentiality of Mental Health Information

I. Mental Health Information Defined:

Mental health records are treatment and clinical records of a facility licensed or operated by the New York State Office of Mental Health or Office for People with Developmental Disabilities.

II. Uses and Disclosure of Mental Health Information Require Patient Consent:

Generally, Equinox, Inc. may **not** use or disclose mental health information **without patient consent**, *except to the following individuals or entities, or in accordance with the following circumstances:*

a. Uses and Disclosures for Medical Treatment:

- i. To the patient or a personal representative who is authorized to make health care decisions on patient's behalf; *N.Y. Mental Hygiene Law § 33.13(c)(11), 33.16.*
- ii. If the patient is an inmate, to a correctional facility which certifies that the information is necessary in order to provide the patient with health care or in order to protect the health or safety of the patient or any other persons at the correctional facility. *45 CFR 164.512(k)(5).*

b. Uses and Disclosures for Other Circumstances:

- i. To comply with a court order requiring disclosure upon a finding by the court that the interest of justice significantly outweighs the need for confidentiality; *N.Y. Mental Hygiene Law § 33.13(c)(1);*
- ii. To other licensed hospital emergency services as permitted under Federal and State confidentiality laws; *N.Y. Mental Hygiene Law § 33.13(c)(9)(ii);*
- iii. To the Mental Hygiene Legal Services provided by New York State; *N.Y. Mental Hygiene Law §§ 33.13(c)(2);*
- iv. To the Justice Center for the Protection of People with Special Needs;
- v. To attorneys representing the patient in an involuntary hospitalization proceeding or where assisted out-patient treatment is at issue; *N.Y. Mental Hygiene Law § 33.13(c)(3);*
- vi. To the Medical Review Board of the State Commission of Correction when necessary for the Board's mental health oversight purposes with respect to the death of a patient. *N.Y. Mental Hygiene Law § 33.13(c)(5);*
- vii. To an endangered individual and a law enforcement agency when a treating psychiatrist or psychologist has determined that a patient presents a serious and imminent danger to that individual. *N.Y. Mental Hygiene Law § 33.13(c)(6);*

- viii. With the consent of the patient, or patient's personal representative, persons and entities who have a demonstrable need for such information and who have obtained such consent, provided that disclosure will not reasonably be expected to be detrimental to the patient. *N.Y. Mental Hygiene Law § 33.13(c)(7)*;
- ix. To the State Board of Professional Medical Conduct or the Office of Professional Discipline or their respective representatives when such entities request such information in the exercise of their statutory duties; provided, however, that no such information shall be released when it concerns the subject of an inquiry who is also a patient or client. *N.Y. Mental Hygiene Law § 33.13(c)(8)*;
- x. With the consent of the appropriate commissioner, to:
 - (A) Governmental agencies, insurance companies licensed pursuant to the Insurance Law and other third parties requiring information necessary for payments to be made to, or on behalf of, patients pursuant to contract or in accordance with law, such information to be kept confidential and limited to the information required. *N.Y. Mental Hygiene Law § 33.13(c)(9)(i)*;
 - (B) Persons and agencies needing information to locate missing persons or to governmental agencies in connection with criminal investigations; such information to be limited to identifying data concerning hospitalization. *N.Y. Mental Hygiene Law § 33.13(c)(9)(ii)*;
 - (C) Qualified researchers upon the approval of the Institutional Review Board or other committee specially constituted for the approval of research projects at Equinox, Inc., provided that Equinox, Inc.'s Mental Health Director consents to disclosure and the researcher shall in no event redisclose information tending to identify a patient. *N.Y. Mental Hygiene Law § 33.13(c)(9)(iii)*;
 - (D) A coroner, a County Medical Examiner, or the Chief Medical Examiner for New York City upon the request of a facility director that an investigation be conducted into the death of a patient for whom such record is maintained. *N.Y. Mental Hygiene Law § 33.13(c)(9)(iv)*;
 - (E) Appropriate persons and entities when necessary to prevent imminent serious harm to the patient or another person, provided, however, nothing in this subparagraph shall be construed to impose an affirmative obligation to release information. *N.Y. Mental Hygiene Law § 33.13(c)(9)(v)*;
 - (F) A District Attorney, when such request for information is in connection with and necessary to, the furtherance of a criminal investigation of patient abuse. *N.Y. Mental Hygiene Law § 33.13(c)(9)(vi)*;
 - (G) Appropriate persons and entities when necessary to protect the public concerning a specific sex offender requiring civil management under the N.Y. Mental Hygiene Law. *N.Y. Mental Hygiene Law § 33.13(c)(9)(vii)*; and
 - (H) To the Attorney General, case review panel, or psychiatric examiners described in Mental Hygiene Law when such persons or entities request such information in the exercise of their statutory duties. *N.Y. Mental Hygiene Law § 33.13(c)(9)(viii)*.
- xi. To a correctional facility, when the Chief Administrative Officer has requested such information with respect to a named inmate of such correctional facility, or to the Department of Corrections and Community Supervision, when the

Department has requested such information with respect to a person under its jurisdiction or an inmate of a state correctional facility, when such inmate is within four (4) weeks of release from such institution to community supervision. Information released pursuant to this paragraph may be limited to a summary of the record, including but not limited to: the basis for referral to the facility; the diagnosis upon admission and discharge; a diagnosis and description of the patient's , current mental condition; the current course of treatment, medication and therapies; and the facility's recommendation for future mental hygiene services, if any. *N.Y. Mental Hygiene Law § 33.13(c)(10);*

- xii. To a qualified person pursuant to *N.Y. Mental Hygiene Law § 33.13(c)(11);*
- xiii. To a Director of Community Services, provided that such director or his or her designee, requests such information in the exercise of his or her statutory duties. *N.Y. Mental Hygiene Law § 33.13(c)(12);*
- xiv. To the State Division of Criminal Justice Services for the sole purpose of:
 - (A) Providing, facilitating, evaluating or auditing access by the Commissioner of Mental Health to criminal history information; or
 - (B) Providing information to the Criminal Justice Information Services Division of the Federal Bureau of Investigation by the Commissioner of Mental Health or the Commissioner of Developmental Disabilities, for the purpose of responding to queries to the National Instant Criminal Background Check System regarding attempts to purchase or otherwise take possession of firearms, in accordance with applicable federal laws or regulations.
- xv. To The Criminal Justice Information Services Division of the Federal Bureau of Investigation, for the purposes of responding to queries to the National Instant Criminal Background Check System, regarding attempts to purchase or otherwise take possession of firearms, in accordance with applicable federal laws or regulations. *N.Y. Mental Hygiene Law § 33.13(c)(14);*
- xvi. To the Division of Criminal Justice Services, names and other non-clinical identifying information for the sole purpose of implementing the Division's responsibilities and duties regarding firearm possession and licensure; and
- xvii. To a Mental Health Incident Review Panel, or members thereof, established by the Commissioner, in connection with incident reviews conducted by such panel. *N.Y. Mental Hygiene Law § 33.13(c)(16).*

Attachment

Confidentiality of Alcohol And Substance Abuse Treatment Information

I. Alcohol and Substance Abuse Treatment Defined:

Alcohol and substance abuse treatment includes any information that identifies a patient as having been diagnosed with, treated for, or referred for, treatment of alcohol abuse, substance abuse or chemical dependency by a facility licensed or operated by the New York State Office of Mental Health, New York State Office of Alcoholism and Substance Abuse Services or any federally funded speacialized program for alcohol and substance abuse, treatment, diagnosis or referral for treatment.

II. Uses and Disclosure Require Patient Consent:

Generally, Equinox, Inc. may **not use or disclose alcohol and substance abuse treatment information, without patient consent**, *except to the following individuals or entities, or in acordance with the folowing circumstances:*

a. Uses and Disclosures for Medical Treatment:

- i. Medical personnel in emergency services in order to treat a condition which poses an immediate threat to the health or safety of a patient or any individual. *42 CFR § 2.51*; and
- ii. Relates to communication of information among personnel having a need for the information in connection with their duties to provide diagnosis, treatment or referral for treatment of alcohol or drug abuse. *42 CFR § 2.12 (c)(3)*.

b. Uses and Disclosures for Other Circumstances:

- i. Made to a qualified service organization that performs certain treatment services (such as lab analyses). Equinox, Inc. will obtain the qualified service organization or Business Associate's agreement in writing to protect the privacy and confidentiality of the patient's information in accordance with Federal and State law. *42 CFR § 2.12 (c)(4)*;
- ii. Purpose of conducting scientific research which poses a minimal risk to privacy, and if certain conditions are satisfied. *42 CFR § 2.52*;
- iii. Made to a government agency or other qualified non-government personnel to perform an audit or evaluation as part of the government's health oversight activities of Equinox, Inc.. Equinox, Inc. will obtain an agreement in writing from any non-government personnel to protect the privacy and confidentiality of the patient's information in accordance with Federal and State law. *42 CFR § 2.53*;
- iv. Report a crime committed by a patient either at Equinox, Inc., or against any person who works for Equinox, Inc., or about any threat to commit such a crime. The information that may be disclosed is limited. *42 CFR §2.12(c)(5)*; *See Equinox, Inc.'s Policy No. 19 entitled "Uses and Disclosures of Protected Health Information Without Patient Authorization for Law Enforcement Purposes."*

- v. To coroners and medical examiners to determine cause of death. *42 CFR § 2.15 (b)*;
- vi. To report child abuse or neglect to appropriate State or local authorities, as required by law. *42 CFR § 2.12 (c)(6)* and *10 NYCRR 405-9*; and
- vii. The disclosure is **compelled** by a court order and disclosure is permitted under Federal and State confidentiality laws and regulations. *42 CFR §§ 2.61-2.67*.

Attachment E

Confidentiality of Genetic Information

I. Genetic Information Defined:

Genetic information means, with respect to a patient: (i) the patient's genetic tests; (ii) the genetic tests of family members of the patient; (iii) the manifestation of a disease or disorder in family members of such patient; or (iv) any request for, or receipt of, genetic services or participation in clinical research, which includes genetic services, by the patient or any family member of the patient.

II. Procedure:

Under New York State ("NYS") law, special restrictions apply to (1) genetic testing of human biological samples; and (2) the disclosure of information derived from genetic tests to any person or organization. Genetic test means any laboratory test of DNA, chromosomes, genes or gene products, to detect a genetic variation linked to a predisposition to a genetic disease. It does not include information relating to a manifested disease (a disease that can be diagnosed primarily based on symptoms) or information obtained when confirming a disease with genetic testing.

III. Uses and Disclosure of Genetic Information Requires Patient Consent:

Equinox, Inc. will not perform a genetic test on a biological sample taken from a patient unless Equinox, Inc. obtains written informed consent. With a patient's informed consent, Equinox, Inc. may use the results of genetic test for treatment, payment and health care operations. Generally, any other uses or disclosures of the results of a patient's genetic test will require written authorization, *except to the following individuals or entities, or in accordance with the following:*

a. Uses and Disclosures for Medical Treatment:

- i. The disclosure is to a person who is authorized to make health care decisions on the patient's behalf and the information disclosed is needed by that person to make his/her decisions.

b. Uses and Disclosures for Other Circumstances:

- i. Required or allowed by law or court order (*N.Y. Civil Rights Law § 79.L*); and
- ii. Made to a Business Associate who needs it to assist patients with obtaining payment or carrying out our business operations. Equinox, Inc. will obtain the Business Associate's Agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State Law.

IV. A Patient's Written Authorization Requirement:

Written informed consent to a genetic test shall consist of written authorization that is dated and signed, and includes at least the following:

- a. A general description of the test;
- b. A statement of the purpose of the test;

- i. A statement indicating that the patient may wish to obtain professional genetic counseling prior to signing the informed consent.
- c. A statement that a positive test result is an indication that the patient may be predisposed to, or have the specific disease or condition tested for and may wish to consider further independent testing, consult their physician or pursue genetic counseling;
- d. A general description of each specific disease or condition tested for;
- e. The level of certainty that a positive test result for that disease or condition serves as a predictor or such disease. If no level of certainty has been established, this subparagraph may be disregarded;
- f. The name of the person or categories of persons or organizations to whom the test results may be disclosed;
- g. A statement that no tests other than those authorized shall be performed on the biological sample and that the sample shall be destroyed at the end of the testing process or not more than sixty (60) days after the sample was taken, unless a longer period of retention is expressly authorized in the consent; and
- h. The signature of the patient subject of the test or, if that patient lacks the capacity to consent, the signature of the person authorized to consent for such patient.