Electrocardiogram ("ECG") Screening Consent Form and Release of Liability

MBKHealth
Expert ECG Services

1. About the ECG Screening

An ECG screening (also commonly referred to as an EKG) is a test that measures the electrical activity of the heart to help identify an individual's risk for certain heart conditions and many causes of sudden cardiac death. ECG screenings reviewed by MBK Health LLC and each of its subcontracted entities and contracted physicians (collectively "MBKH") involve (i) an ECG screening and (ii) medical history questions.

2. Consent to Participate and Acknowledgments

To receive an ECG interpretation from MBKH, you must read and sign this Consent Form and Release of Liability ("Consent and Release"). If you are a minor, your parent or legal guardian must read and sign this Consent and Release. The individual receiving the ECG screening will be referred to herein as the "Recipient". By signing this Consent and Release, you or your parent/guardian acknowledge and attest to the following:

- I have carefully read this Consent and Release, I understand this Consent and Release, and I have had the opportunity to ask any questions; and
- I voluntarily consent and elect to have MBKH provide an ECG interpretation for Recipient's ECG; and
- I understand that ECG screenings are noninvasive, painless tests and have no major risks. I voluntarily assume all risks associated with the ECG process. I understand that an ECG screening will only screen for abnormalities in Recipient's heart and does not constitute a complete medical exam or diagnosis. I understand that abnormal test results do not officially represent or imply that Recipient does or does not have a heart condition. I understand that no warranty or guarantee has been made to me about the results of the ECG screening. I understand that this screening does not diagnose all causes of sudden cardiac death. I acknowledge that the information I receive from the ECG screening reflects the condition of Recipient's heart at the time of the ECG screening. An ECG interpretation from MBKH does not constitute a conclusive diagnosis of Recipient's heart health or physical condition, and is not intended to serve as a replacement for treatment and checkups with Recipient's primary care physician or other provider. I acknowledge the limitations of an ECG screening and that sudden cardiac death or other cardiac events may still occur, despite this screening. I understand that this ECG screening does not establish a treatment or provider relationship between (i) Recipient and (ii) MBKH or any individual interpreting the ECG results. I recognize and acknowledge that I am solely responsible for taking any appropriate follow-up action related to Recipient's ECG screening results. I understand that follow-up care and treatment is not provided by MBKH; and
- I have the authority to sign this Consent and Release because either (i) I am the Recipient or (ii) I am the parent or legal guardian of Recipient.

3. ECG Screenings Results, Communication, and Confidentiality

The ECG interpreter that reads and interprets Recipient's ECG screening will note whether the screening was "low risk" or "abnormal" and, if abnormal, will classify the Recipient's result as: (i) follow-up required as soon as practical; or (ii) high risk with urgent follow-up recommended. I acknowledge, understand, and accept the following:

- As part of this ECG screening and interpretation, I agree to allow (i) medical professionals associated with MBKH and (ii) MBKH personnel, contractors, and volunteers (the "MBKH Team") to have access to the medical records created during this ECG screening and to transfer the records by electronic mail (i.e., email). I agree to allow the MBKH Team to contact me regarding Recipient's involvement in this ECG screening and the results if necessary. I authorize MBKH to use all information provided, including the ECG screening, for diagnostic and aggregated statistical purposes, operations, and research. The information collected during any ECG screening may be published in scientific journals or presented at scientific meetings, but no Recipient will be personally identified. This authorization may be revoked by submitting a written notice to MBKH at info@mbkhealth.org.

4. Waiver & Release of Claims and Liability

By signing this Consent and Release, I hereby agree to waive any and all claims against MBKH and their employees, directors, officers, representatives, sponsors, trustees, partners, consultants, volunteers, and contractors (collectively, the "Indemnified Parties"). I further agree to indemnify, release, and hold harmless the Indemnified Parties from any and all claims, liabilities, costs, and expenses arising out of or related to the performance, interpretation, and/or communication (written or electronic) of the results of this ECG screening.

5. Acknowledgment & Preliminary Medical History Questions

You (or your parent or guardian) certify that you have read this form or have had it explained to you in a language you can understand and that you have been encouraged to ask any questions about the screening process, benefits, limitations, and risks.

☐ **I CONSENT** on behalf of myself or my minor child/dependent.

☐ **I DECLINE** on behalf of myself or my minor child/dependent.

Medical History Questions

Recipient's previous cardiac issues (if any): _____

Family cardiac history (if any): _____

Does Recipient currently take any of the following medications (circle any that apply):

ADD/ADHD, beta blockers, Asthma medication/inhaler, cardiac medications, Other (please write out the other if relevant)

_____ _____

Recipient's Name (please print clearly) Date

_____ _____

Parent/Guardian Name (if applicable) (please print clearly) Parent/Guardian Signature (Recipient's signature if an adult)

_____ _____

Parent/Guardian Email Address (please print clearly) (Recipient's email if an adult) Parent/Guardian Phone Number (Recipient's number if an adult)