**NATIONAL KIDNEY FOUNDATION OF INDIANA**

**911 East 86th Street, Suite 100**

**Indianapolis, Indiana 46240-1840**

**www.kidneyindiana.org**

**HEALTH SCREENING CONSENT, RELEASE AND AUTHORIZATION FORM**

Welcome to the Indiana Kidney Check Program, in order to be screened you must be 18 years or older, not on dialysis or have a kidney transplant and sign this consent. This screening will be completed by trained professionals and will be given free of charge.

**PROCEDURES**

The full screening includes a health survey, blood pressure check, BMI, blood test, urine test, consultation with a health professional, and post-screening questionnaire. All the results will be available at the end of the screening. For abnormal results, you will be referred to your doctor for follow up or given a list of clinics in your area to make an appointment.

Expectations with the procedures in the screening are explained here. Blood pressure measurement in the upper arm can cause temporary discomfort, numbness or tingling in the hand. The blood test is obtained by finger stick, which can cause temporary pain or stinging where the sample is taken. Rarely, you may feel a throbbing at the puncture site or have slight bruising.

**PARTICIPATION**

Participation is voluntary and you may choose to stop the screening at any time. By taking part in this screening program, you know and accept all the risks and responsibilities associated with and resulting from it. You release National Kidney Foundation of Indiana (NKFI) and its designee from all liability or damages that may come from or happen during the screening. The program will only screen for kidney health and is not a complete medical exam. Test results do not show or imply that you DO or DO NOT have kidney disease. For diagnosis of a medical condition such as kidney disease, you agree and know that you must see a doctor for a complete medical exam. This is your responsibility. You agree that NKFI is NOT a health care provider and is not providing a diagnosis. You understand that NKFI and its designee have the right not to screen you if you do not sign this form.

**CONFIDENTIALITY**

Your participation and your individual information are private and NKFI has taken steps to secure your data. Results will be compiled for statistical purposes without using individual identifying information. A member of our staff can answer any questions you might have about the screening. You may also call the National Kidney Foundation of Indiana office for more information at

317-722-5640 or 1-800-382-9971

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_\_

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_