

AUTHORIZATION FOR DISCLOSURE OF COVID-19 TEST RESULTS

I acknowledge and represent that I am voluntarily electing to participate and undergo diagnostic testing for COVID-19 as part of a collaboration between University Medical Center of Southern Nevada and Hawaii State Department of Health (“Entity”). I understand that University Medical Center of Southern Nevada is providing this COVID-19 diagnostic test to me to facilitate the orderly operations of the Entity and in the interest of the health and welfare of the general public. I understand and agree that the provision of this COVID-19 diagnostic test is for the purpose of disclosing the results of my test to the Entity.

I hereby voluntarily request and authorize University Medical Center of Southern Nevada to disclose and release protected health information related to my COVID-19 diagnostic test, including, without limitation, my name, date of service, and the results of my COVID-19 diagnostic test, to the Entity. The results of my test may be used and/or disclosed for the purpose of facilitating the collaboration between University Medical Center of Southern Nevada and the Entity for increased COVID-19 testing, to address issues related to COVID-19 in the workplace, and/or purposes of securing payment for my COVID-19 diagnostic test. I understand that information disclosed pursuant to this authorization may potentially be subject to re-disclosure and therefore no longer protected by federal privacy regulations. This authorization shall remain in effect for a period of one (1) year. I understand that I may revoke this authorization by providing written notice to UMC.