

**AUTHORIZATION FOR
DISCLOSURE OF COVID-19 TEST RESULTS TO EMPLOYER**

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 my employer (“Employer”). I have appropriately identified my Employer on my registration paperwork and I understand that University Medical Center of Southern Nevada is providing this COVID-19 diagnostic test to me as a member of my Employer’s workforce. 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 my Employer.

I hereby voluntarily authorize University Medical Center of Southern Nevada to disclose and release protected health information to my Employer which relates to my COVID-19 diagnostic test, including, without limitation, my name, date of service, and the results of my COVID-19 diagnostic test. The results of my test may be used and/or disclosed for the purpose facilitating the collaboration between University Medical Center of Southern Nevada and my Employer for increased COVID-19 testing and/or purposes of securing payment for having conducted the COVID-19 diagnostic test. I understand that information disclosed pursuant to this authorization may 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.

By selecting the AUTHORIZATION check-box during the registration process for my COVID-19 diagnostic test, I agree that I am submitting my signature and the signing date for the purpose of authorizing the disclosure of protected health information as discussed herein.