

## HIPAA AUTHORIZATION FOR RELEASE OF TEST RESULTS

I have given my consent to take part in COVID-19 testing by “Grandstreet Theatre”.

By signing this authorization, I also consent to the following uses and sharing of my test results and related personal information:

- The testing laboratory may provide my COVID-19 test result, including health information that could be linked to me personally, to the Midwest Coordination Center.
- The Midwest Coordination Center may retain my COVID-19 test result, including health information that could be linked to me personally.
- The Midwest Coordination Center and the testing laboratory may communicate with each other about my test result and my related personal information in order to manage my test result.

I understand that once my test result and related personal information are shared as I am permitting here, persons authorized to receive the information may not be restricted by federal or state privacy law from further sharing with others.

I understand that I have the right to cancel this authorization at any time, and that if I want to cancel it, I must send written notice to Midwest Coordination Center at [support@testedandprotected.org](mailto:support@testedandprotected.org). I understand that cancelling the authorization will not affect any previous use or disclosure of my test result before the date that Midwest Coordination Center receives my notice of cancellation.

I understand that I do not need to sign this authorization in order to receive health care treatment (including COVID-19 testing NOT managed by “Grandstreet Theatre”) or health insurance benefits.

Unless I cancel this authorization, I understand that it will remain in effect for two years after the date of my signature below, or such earlier date as state law may require.

I understand that I have a right to receive a copy of this authorization once it is signed.

_____ [Name of Individual]	_____ Signature	_____ Date
_____ [Name of legal representative] of [name of individual]	_____ Signature	_____ Date