

HIPAA AUTHORIZATION FOR RELEASE OF TEST RESULTS

I have given my consent for my child to take part in COVID-19 testing managed 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 child’s COVID-19 test result, including health information that could be linked to my child personally, to the Midwest Coordination Center.
- The Midwest Coordination Center may maintain a record of and release my child’s COVID-19 test result, including health information that could be linked to my child personally.
- The Midwest Coordination Center, the testing laboratory may communicate with each other about my test result and related personal information to manage my child’s test result.

I understand that if my child’s test result or related personal information is 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, by sending written notice of my cancellation to the Midwest Coordination Center at support@testedandprotected.org.

If I cancel this authorization, I understand it will not affect any previous use or disclosure of my child’s test result before the date that Midwest Coordination Center receives the notice of cancellation.

I understand that I do not need to sign this authorization in order for my child 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 the authorization once it is signed.

_____ [Name of Child]	_____ Age of child	_____
_____ *[Name of Parent, Guardian, or Legal representative] of [name of Child]	_____ Required Signature	_____ Date

Relationship to Child: _____

*This signature is required for this form. This form can be signed by the child's parent, legal representative, court-appointed guardian, or other description.

The signer's relationship to the child must be written on this form. Relationship could be "parent", legal representative, or other description.