

**GARNET TRANSPORT MEDICINE, LLC**

**COVID-19 TESTING AND DIAGNOSIS AUTHORIZATION TO RELEASE INFORMATION**

Employee Name: \_\_\_\_\_

Employer: \_\_\_\_\_ (“Employer”)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

Employer has requested that Garnet provide me with testing for COVID-19, and, as such, I authorize Garnet Transport Medicine, LLC (“Garnet”) to release the results related to my COVID-19 testing to Employer.

Employer is making such testing available to ensure employee and work site safety. I understand that my refusal to sign this form means that Garnet will not render such testing and diagnosis for COVID-19 on behalf of my Employer. Otherwise, Garnet may not condition my testing, diagnosis or treatment on signing this authorization.

I also understand that once Garnet releases my protected health information to Employer, Garnet cannot control whether the information is redisclosed.

This Authorization to Release Information will be valid for one year from the date of my signature.

If I change my mind and no longer wish for my protected health information related to my COVID-19 testing to be shared with my Employer, I must let Garnet know in writing by contacting \_\_\_\_\_. Garnet will no longer share my protected health information related to my COVID-19 testing and diagnosis with my Employer, but Garnet will not be able to take back any disclosures that were made prior to me revocation my consent.

Name: \_\_\_\_\_

Date: \_\_\_\_\_