

Employee Authorization for Lab to Disclose COVID-19 Test Results

1. **Description of the Protected Health Information.** The protected health information (“PHI”) which the undersigned employee authorizes to be disclosed are test results showing whether the employee has COVID-19 (the “Test Results”).
2. **Persons Authorized to Make the Disclosure.** Any employee or agent of S&G Labs Hawaii, LLC (the “Lab”) may disclose the Test Results to those persons/entities listed below to whom disclosure may be made.
3. **Persons/Entities to Whom Disclosure May be Made.** The Lab may disclose the Test Results to the following: employee’s employer; any state or federal agencies to which those test results are required to be disclosed; to Hawai’i Health Information Exchange (“HHIE”), which is the EHR company used by the Lab to store the PHI; to those persons or entities to which HHIE grants access to the EHR; and to the Lab’s employees and agents. All of those persons and entities shall keep the Test Results confidential, except as required or allowed by law.
4. **Purpose of Requested Use or Disclosure.** The purpose of the disclosure is to make known my test results for COVID-19.
5. **Expiration of Authorization.** This authorization shall continue for the longer of 1 year or when I revoke the authorization in writing.
6. **Patient’s Right to Revoke Authorization.** I may revoke this authorization by writing a letter to the Lab’s Privacy Officer, at the Lab’s then current address, but this revocation will not revoke notifications given to my employer or state and federal agencies.
7. **Conditioning of Treatment.** The Lab may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization, except where the authorization is for research-related treatment, or solely for the creation of PHI for disclosure to a third party.
8. **Redisclosure by Recipient.** I understand that under United States and Hawaii laws against disability discrimination the parties receiving the PHI may be required to keep the information confidential, but I also understand that once the Lab discloses the PHI to a recipient, the recipient may re-disclose the information, which may no longer be protected by federal law.
9. **Acknowledgment of Reading and Agreement.** I have read, understood, and consented to this authorization.

Employee Signature

Date

Print Employee’s Name

