

HIPAA AUTHORIZATION FOR RELEASE OF TEST RESULTS
Legal Representative Needed for Minors

I have given my consent to take part in COVID-19 testing by Serena CUSD #2.

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, and may also share it with the Serena CUSD #2 testing coordinator.
- The Serena CUSD #2 testing coordinator may maintain a record of the test result.
- The Midwest Coordination Center, the testing laboratory and Serena CUSD #2 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 <https://testedandprotected.org/#/contact> using their “contact us” form. 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 Serena CUSD #2) 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]	Signature	Date

Description:

****For this form, the "Legal representative" signature is ONLY required IF the individual does not have legal authority to sign it. If this is the case, the Authorization can be signed by a legally authorized representative of the individual. A description of the relationship is required...this could be "legal representative", "court-appointed guardian", "parent" or other description.***