

AUTHORIZATION FOR DISCLOSURE AND USE OF COVID-19 TEST RESULTS

I, _____ [Name of Employee], authorize all companies that contract with the County to perform COVID-19 testing (“Testing Company”) to disclose the medical information described in this authorization to persons performing the following functions for the County of San Mateo: (1) Occupational Health Coordinator, (2) Risk Manager, (3) Community Contact Tracers, (4) County Contact Tracers, (5) County Safety Officer. I also authorize the same representatives from the County of San Mateo to use the medical information for the purposes described in this authorization.

This authorization applies to the following information (“Test Results”):

COVID-19 test results, including but not limited to any results of tests administered to detect the presence of the COVID-19 virus (SARS-CoV-2).

The recipients may use the information for the following purposes:

Preventing, managing, and responding to COVID-19 infections among County of San Mateo employees, managing workers’ compensation claims for COVID-19 infections, contact tracing of COVID-19 infections, and compliance with federal, state and local laws and regulations, including health officer orders.

Expiration Date: Testing Company is no longer authorized to disclose my Test Results after December 31, 2022.

Right to Receive Copy of This Authorization: I understand that if I sign this authorization, I have the right to receive a copy of this authorization. Upon request, the Human Resources Department of the County of San Mateo will provide me with a copy of this authorization.

I voluntarily authorize the disclosure and use of my medical information as described above for the purposes listed above.

Employee’s Name (PLEASE PRINT) Signature Date

Employee ID Number Work Email Address