



CURATIVE LABS COVID-19 TESTING AUTHORIZATION

You are entitled to keep your child's protected health information private. This Authorization Form allows you to grant third-party access to your child's protected health information that otherwise would not be permitted.

By indicating your consent below, you authorize Curative Inc., and Curative Labs, LLC, as applicable, to disclose your child's protected health information described below to the persons or entities identified in this form.

I hereby authorize the release of the following protected health information:

- My child's name; and
- The result of my child's COVID-19 (novel coronavirus) test

This information may be released to:

- The Santa Clara County Office of Education (in the case of a positive test)
- Me, as the child's legal representative, via SMS/Email though I acknowledge that these are not secure

This information will be used for:

- Addressing health and safety of students through medical surveillance of COVID-19 cases at our schools.

I also understand and agree to the following:

- I may refuse to provide this authorization.
- Any information used or disclosed through this authorization may no longer be protected by privacy laws and may be subject to re-disclosure by the person or organization receiving it.
- I have the right to revoke this authorization at any time by doing so in writing to support@curativeinc.com.
- Any revocation of this authorization by me will not apply to actions that Curative Inc. and Curative Labs, LLC, or the Los Gatos Union School District has already taken regarding the sharing of my protected health information during the period that my authorization was valid.
- This authorization will remain in effect for one (1) year from the date it is signed unless revoked.

I have read and had an opportunity to ask questions about this authorization. By signing below, I affirm that I am the child's personal representative and have the legal authority to authorize who may receive the protected health information.

Print Minor's Name (*Last, First, Middle Initial*)

Minor's DOB (MM/DD/YYYY)

Signature of Parent or Legal Guardian

Printed Name

Date

Relationship to Minor Child: _____

Parent/Legal Guardian Email: _____