



AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize RCA Laboratory Services, LLC (“GENETWORx”) to release my COVID-19 test results to Fasig-Tipton Co (“Provider”)

INFORMATION TO BE RELEASED

I understand that the information released will include any of the following Protected Health Information, as available:

- COVID-19 test results, including to detect the presence of COVID-19.

CONDITIONS OF AUTHORIZATION

I understand that GENETWORx is providing this COVID-19 screening at Fasig-Tipton Co’s request and for purposes of disclosing the results to (“Provider”) and, therefore, if I refuse to sign this authorization, then I will not be eligible to receive the COVID-19 screening.

I have read the above and authorize the release of my Protected Health Information to Fasig-Tipton Co:

(Name)

(Signature)

(Date)