



**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**  
**RELATED TO COVID-19 TESTING**

The Oakland LGBTQ Community Center works with health professionals to safeguard the health and well-being of Oakland residents. You have informed us of concerns about possible infection with the novel coronavirus (“COVID-19”).

Based on our assessment, we believe that COVID-19 testing is appropriate in your circumstances. Accordingly, the Oakland LGBTQ Community Center is ordering COVID-19 testing for you.

By signing below, you acknowledge that you have read this Notice and understand that the role of the Oakland LGBTQ Community Center will be limited to ordering COVID-19

By testing and receiving the test results. You request and authorize the Oakland LGBTQ Community Center to release your COVID-19 test results to you and you are responsible to notify your health care provider of your results. You further understand that, based on the test results, you may need to seek further medical treatment from a health care provider.

By signing this document, I request and authorize the Oakland LGBTQ Community Center to receive my COVID19 test results for the purpose of expediting the notification of my test results to me and the Public Health Officer. I acknowledge that my decision to submit to a medical examination to test for COVID-19 infection is completely voluntary. This authorization to release my medical information is made voluntarily and expires 30 days after today’s date. However, I may revoke this authorization sooner than 30 days by contacting the Oakland LGBTQ Community Center in writing and revoking this authorization. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

By submitting this form, I acknowledge that I have read, understood, and agree to the Oakland LGBTQ Community Center Authorization Form

\_\_\_\_\_

**Legal Name/Signature** **Date**

**Your Information is required in order to receive an appointment and test results:**

<b>Name(First, Middle, Last)</b>	
<b>Date of Birth:</b>	
<b>Phone Number:</b>	
<b>Mailing Address:</b>	
<b>Email Address:</b>	