Important Note: Company must check applicable laws concerning the confidentiality of medical information and state privacy laws to make sure employee may waive confidentiality.

** This is for use in California to comply with Civil Code sec. 56.21 requirements for an employee authorization to disclose employee medical information. One of the requirements is that the font must be in at least a 14-point font size. Also, must identify who exactly (by name or function such as department or description of level in the company) is authorized to disclose the information and not just say the company is authorized.**

AUTHORIZATION
TO DISCLOSE COVID-19 DIAGNOSIS OR EXPOSURE

I understand that the Americans with Disabilities Act, the Family and Medical Leave Act, the California Confidentiality of Medical Information Act, and other privacy laws prohibit The Company Name ("Company") from disclosing my medical/health information. However, should I test positive for the COVID-19 virus, receive a positive COVID-19 diagnosis from a licensed health care provider, or be ordered to isolate by a public health official for reasons including, exposure to someone suspected of having COVID-19, I authorize The Company's Human Resources Department and/or senior management to disclose that information as outlined in this document.

I understand that this authorization shall apply: (1) upon my receipt of a laboratory-confirmed case of COVID-19; (2) upon my receipt of a positive COVID-19 diagnosis from a licensed health care provider; or (3) upon issuance of an order for me to isolate by a public health official for reasons including exposure to COVID-19 by being in close contact with someone who is suspected of having the virus and the Company receiving notice regarding the same ("Triggering Events"). In the interest of the health of others, and upon occurrence of one of the Triggering Events, I authorize the Company's Human Resources Department and/or senior management to disclose that information to employees at my worksite, employers of subcontracted employees, and to others whom I may have encountered or come in close contact with at my worksite, including, but not limited to, vendors, visitors, and customers. The Company advised me that I am not required to do so and that there would be no adverse consequences to my employment if I chose not to do so. Further, the Company did not coerce or pressure me to permit this disclosure.

SIGNING THIS AUTHORIZATION FORM IS VOLUNTARY

In disclosure, the Company will take reasonable measures to keep my name and identity confidential to the extent possible. However, I recognize circumstances may require identifying me as the infected or exposed individual in order to comply with applicable law or properly warn others so they may take precautionary measures to help prevent further spread of the virus, and there may be times when it is not possible to inform others they may have been exposed to the virus without them learning that it was through contact with me.

I understand that upon occurrence of one of the Triggering Events, this authorization applies without the need for me to sign an additional authorization. This authorization expires on [INSERT DATE], after which the Company will no longer be authorized to disclose this information. I have been advised that I have a right to receive a copy of this authorization.

_____   _____

Signature of Employee   **Date**

_____

Printed Name of Employee

SIGNING THIS AUTHORIZATION FORM IS VOLUNTARY