PEACHTREE IMMEDIATE CARE
Get in. Get out. Get better.

EMORY HEALTHCARE NETWORK

HIPAA Authorization

By signing below, you authorize Peachtree Immediate Care ("PIC") to use and disclose your protected health information ("PHI") as described in this Authorization.

This Authorization applies to the following PHI: any and all information collected by PIC in connection with your laboratory testing and information contained in your laboratory report(s) relating to COVID-19 testing performed by PIC, which may include but not be limited to information describing any or all of the following: your name, other identifying information, and information regarding COVID-19 infection, exposure, antibodies, or antigen testing ("COVID-19 testing") and COVID-19 testing results.

You authorize PIC to disclose the PHI described above to Emory University ("Emory") in its capacity as your employer (if you are an Emory employee) or your educational institution (if you are a student) and not as a medical provider. This Authorization is for purposes of Emory's safety protocols related to addressing COVID-19 and not for treatment purposes.

This Authorization will remain in effect until revoked by you. You may revoke this Authorization at any time by sending a written notice to PIC at info@peachtreemed.com Attn: Privacy Officer. However, expiration and/or revocation will not have any effect on any uses or disclosures already made by PIC.

You understand that the COVID-19 testing being performed in connection with this Authorization is job-related or for purposes of you being cleared to attend Emory. PIC is solely performing this testing for the purpose of creating test results to be provided to Emory. Accordingly, federal law permits PIC to condition providing COVID-19 testing on you signing this Authorization.

You understand that once your information is used and/or disclosed pursuant to this Authorization, it may be further used or disclosed by the recipient and may not be protected by the HIPAA Privacy Rules (45 CFR Parts 160 and 164). Emory, in its capacity as an employer and a university, is not subject to the HIPAA Privacy Rules.

By signing this Authorization, you agree that you have read and understand it and authorize the release of PHI as set forth in this Authorization.

Patient's Name: _____

Patient's Date of Birth: _____ /_____ /_____

Patient's Signature (if over 18 years old) _____

Date: _____ /_____ /_____

If patient is under 18 years old, please complete the following:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____