

COVID-19 TESTING CONSENT, AUTHORIZATION AND RELEASE

I understand that by declining to provide proof of full vaccination for COVID-19, I am required and consent to participate in regular COVID-19 testing as outlined by Public Health Order(s) or as required the County of Sonoma ("County") and hereby consent to the collection of biological specimens from me in connection with such testing.

I understand that all testing conducted during a regular work shift requires pre-approval from my manager or supervisor and will be considered hours worked. I further understand that all testing conducted outside my regular work schedule requires pre-approval from my manager or supervisor in order to be considered hours worked.

Consistent with the above, I understand that I may undergo testing on my own and provide the results to the County, or participate in the free testing resources that will be made available to me by my department.

By electing to participate in the County sponsored testing, I authorize and consent to the release and disclosure of my COVID-19 test results to the laboratory and only those employees within County of Sonoma who have a business need to know such results for purposes of workplace safety (Human Resources (HR) and my Department's HR, management and/or supervisors).

In the event of a positive COVID-19 test result, I acknowledge and agree that my COVID-19 test results may be disclosed to third parties, including medical professionals, medical organizations and governmental authorities, to the extent required by applicable law and I hereby authorize and consent to such disclosure.

In the event of a positive COVID-19 test result, I acknowledge and agree that the County will follow the then current guidelines issued by the CDC, State of California and/or Sonoma County Public Health departments about providing notice of my positive test result to any applicable governmental authorities.

The County will not be responsible for a false positive, false negative, or an inconclusive result.

By electing to participate in the County sponsored testing, I hereby authorize the County's testing vendor to use and/or disclose any and all results of COVID-19 testing administered to me to the County. The purpose of the authorized use or disclosure of my testing results is to facilitate work with the County and aid the County in evaluating and responding to COVID-19 risks to myself and other employees. I further authorize the County of Sonoma pursuant to the California

Confidentiality of Medical Information Act to use and disclose information regarding my COVID-19 test results to my Department's HR, management and/or supervisors for legitimate, non-discriminatory business purposes where my COVID-19 test results are necessary for the County to make work-related decisions authorized by or in order to comply with federal, state, or local laws, public health orders or regulations. I understand that:

- I have the right to revoke permission for the release of my information at any time. The revocation must be made in writing to the County and will not affect information that has already been used or disclosed.
 - I am aware that if I revoke my permission for the release of my information, I am required by Public Health Order(s) or as required by my employer, to show proof of vaccination for COVID-19.
- This authorization is in effect for the duration of the COVID-19 Public Health Orders and the County's Vaccination and Testing Policy.
- Information used or disclosed pursuant to this authorization may be re-disclosed by the recipient when required by law and may no longer be protected by federal or state law.
- I have the right to receive a copy of this authorization.

Except as set forth in this COVID-19 Testing Consent, Authorization and Release, or as otherwise required by applicable law, I understand that the COVID-19 test results will remain confidential and all records related to my COVID-19 testing will be kept separately from my personnel file.

By signing below, I acknowledge that I have fully read and understand the above COVID-19 Testing Consent, Authorization and Release and am voluntarily signing it and agreeing to all its terms. I further acknowledge and agree that I have had an opportunity to ask any questions about this form before signing it.

Employee Signature

Date

Printed Name