



WAIVER OF CONFIDENTIALITY AND RELEASE OF MEDICAL INFORMATION

I, the undersigned, hereby authorize Safeguard DNA Diagnostics and/or its authorized agent, employee, or representative, to release the result of my COVID-19 Laboratory test and other medical information that may be obtained relative to the performed test, and other medical record contained in my **Laboratory Request Form and Case Investigation Form** to _____, the Department of Health, and other government agencies/authorities, pursuant to the governing laws and rules enforced in the Philippines.

I understand and acknowledge that the foregoing laboratory result and medical information may contain information regarding psychiatric disorders, other infectious and/or autoimmune virus/disease, drug, alcohol, and/or other substance dependence or abuse. I also understand that upon release of the information to the person designated in this Waiver, the Safeguard DNA Diagnostic shall no longer be liable to me for any use or misuse committed by other persons after its release.

(_____)

Signature of Patient or Representative*

*If the signatory is not the patient, a copy of a special power of attorney must accompany this Waiver when presented, except for parents, legal guardians of patients that are minors or incapacitated persons.