**Consent for Use and Disclosure of Personal Health Information and Attestation**

As part of the provision of services, CareValidate and [Company Name], Inc. believe it’s important that you understand and agree that health information will be shared as part of [Company Name], Inc.’s COVID prevention and protection program. While this sharing of information is not subject to the Health Insurance Portability and Accountability Act (“HIPAA”), this Consent for Use of Personal Health Information and Attestation (the “Consent and Attestation”) is a consent for information to be disclosed for products and related services received from CareValidate, Inc and its affiliates (“CareValidate, Inc” or “we,” ”us,” ”our”).

1. Purpose

By signing below, you authorize CareValidate to disclose your personal health information for the purposes of confirmation and follow-up care regarding your COVID-19 test results or vaccination status to [Company Name], Inc. (“Company”) and to prevent or lessen the serious and imminent threat that the coronavirus disease (COVID-19) presents to the health and safety of those with whom you may come into contact during your workday. You also agree that CareValidate may use and disclose your information as set forth in its Privacy Policy as set forth in the CareValidate Privacy Policy (the “Privacy Policy”).

2. Personal Health Information to Be Used or Disclosed.

You authorize the following personal health information about you to be used and disclosed as described in this Consent and Attestation:

• Medical information that is collected from you or in connection with your receipt of products or your use of services, vaccination status and/or Covid-19 test results.

We refer to this information altogether as your “Personal Health Information.”

3. Purposes for Which Your Personal Health Information May Be Used or Disclosed.

Your Personal Health Information will be used and disclosed by Company in order to monitor its COVID protection and prevention program, monitor compliance with its policies and other, legal purposes. Your Personal Health Information will be used and disclosed by CareValidate and [Company Name] for purposes related to providing you with products and services, and for management and administration purposes. For example, your Personal Health Information may be used and disclosed for the following reasons:

• To communicate with you and Company regarding your test results and provide you and Company with other information related to the products you purchase or use.

• To enable CareValidate and Company to improve, develop, and evaluate products, services, materials, and programs related to the products and services.

• Any other permissible reason identified in CareValidate’s Privacy Policy.

• As required by federal, state or local law enforcement, or pursuant to legal process.

4. Attestation.

You certify that any information you provide directly about your vaccination status is true, accurate, and complete.

5. Right to Refuse to Sign Consent and Attestation.

You are not required to sign this Consent and Attestation. The COVID-19 test is being provided for the purpose of disclosing the above information to Company. If you do not sign the Consent, you will not be eligible to participate in the Daily Health Screening, upload vaccination status, receive a test for COVID-19 through Company’s testing program, work onsite, in the field or to engage in any company activity with in-person contact. Failure to adhere to the aforementioned elements of the Company’s COVID-19 Vaccination Protocol Policy could result in disciplinary action, up to and including termination of employment.

6. Right to Revoke Consent and Attestation.

You may revoke this Consent at any time. If you would like to revoke this Consent, contact us in writing at: info@CareValidate.com and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please note, however, that any such revocation will not apply to Personal Health Information that already has been collected and disclosed under this Consent. Upon revocation, you are no longer eligible to participate in the Daily Health Screening, upload vaccination status, receive a test for COVID-19 through Company’s testing program, work onsite, in the field or to engage in any company activity with in-person contact. Failure to adhere to the aforementioned elements of the Company’s COVID-19 Vaccination Protocol Policy could result in disciplinary action, up to and including termination of employment

7. Effective Date.

This Consent and Attestation shall be effective beginning on the date of your signature below. This Consent and Attestation does not expire. It will remain valid unless and until you revoke it.

8. Questions and Support.

If you have any questions related to this Consent and Attestation or our use of your Personal Health Information, please contact us at info@CareValidate.com.

9. Signature

By clicking “I Accept” below:

• You acknowledge that you have read and understand this Consent and Attestation.

• You authorize the release of your Personal Health Information as described in this Consent and Attestation.

• You acknowledge that you intend to be bound by and to sign this Consent and Attestation electronically.