



## HCPSS Staff Consent Form COVID-19 Testing Program

HCPSS will offer a voluntary K-12 COVID-19 Testing Program that will provide free COVID-19 tests for students and school-based staff who develop COVID-like symptoms or are identified as [close contacts](#) while they are in a school building. Parents/guardians should not send their children to school, and staff should not report to work if they are presenting COVID-like symptoms. Written consent is required by a parent/guardian or eligible student. Full details are available on the HCPSS website.

Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act (HIPAA), 45C.F.R Parts 160 and 164). The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization.

I, \_\_\_\_\_ hereby authorize the COVID-19 testing and agree to allow the Howard County Public School System to disclose the following medical records to the Maryland Department of Health and Howard County Health Department for the purpose of COVID-19 contact tracing.

- rapid antigen point-of-care (POC) tests
- polymerase chain reaction (PCR) specimen collection test

This consent remains in effect unless withdrawn by a written revocation signed, dated and received by the school nurse.

*Please print, complete and return this form to the school health room.*

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Signature

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Date