

**AUTHORIZATION TO SHARE COVID
INFORMATION**

The safety of our students, employees, staff and their families is a priority for John A. Logan College. In response to the COVID-19 pandemic and national emergency, the College is implementing procedures based on current recommendations from the Centers for Disease Control and Prevention ("CDC") and federal, state, and local public health authorities. As part of these measures, the College is asking you to authorize the handling of your COVID-19 Information as follows:

1. This authorization will remain in effect until the earlier of: (a) a declaration that the COVID-19 national emergency is over; or (b) twelve (12) months from the date indicated below.
2. Your "COVID-19 Information" means (a) your COVID-19 test results; (b) any documentation regarding whether you have symptoms identified by the CDC or public health authorities as being associated with COVID-19; and (c) your contact with anyone who has symptoms identified by the CDC or public health authorities as being associated with COVID-19 or who has a confirmed diagnosis of COVID-19.
3. A "COVID-19 Healthcare Provider" includes any hospital, healthcare provider, laboratory, clinic, or public health authority that performs, processes, or provides COVID-19 tests or contact tracing services.
4. While this authorization is in effect, the College and any COVID-19 Healthcare Provider may access, disclose, and use your COVID-19 Information to monitor for COVID-19 and promote the health and safety of the students, employees, and staff of the College.
5. You may revoke this authorization at any time by sending written notice to: Human Resources Office, C116 at John A. Logan College. If you revoke or do not agree to this authorization, however, you may be prohibited from participating in College-related activities, including athletic events.
6. By signing below, you acknowledge that you have read and agree to the information contained in this form.

Status (mark one): _____ Student _____ Employee

Signature: _____

Printed Name: _____

Date: _____