**WAIVER OF CONFIDENTIALITY AND**

**RELEASE OF MEDICAL INFORMATION**

Details / Medical Information usually required by SDDI from Patient, such as personal details, contact number, medical history.

I, the undersigned, hereby authorize [Person Authorized to Disclose (SDDI)], and/or its authorized agent, employee, or representative, to release the result of my COVID-19 medical test and other medical information that may be obtained relative to the performed test, and other medical record contained herein to [Authorized Recipient], 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 medical 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 [Person Authorized to Disclose] shall no longer be liable to me for any use or misuse committed by the [Authorized Recipient] after its release.

I understand that I have the right to revoke this authorization at any time and that if I revoke this authorization, I must do so in writing and present my written revocation to the [Person Authorized to Disclose]. I understand that such revocation shall be limited to the [Authorized Recipient] only, and not to the Department of Health and other government agencies to whom medical information is required to be disclosed pursuant the governing laws and rules in the Philippines. I understand that the revocation will not apply to information that has already been released pursuant to this authorization.

Unless otherwise revoked, this authorization will expire on (Date)

(SIGNATURE ABOVE PRINTED NAME)

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.