



Plasma-19.com

Medical Information Release Form (HIPAA Release Form)

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally be kept confidential.

A copy of this policy is available to you at your request.

As a participant donor who has recovered from COVID-19, I authorize plasma-19.com to release the following information on my health to their users:

- Full name
- City and State
- Blood type
- COVID-19 status (Users will know that you have had and recovered from the virus, no document you upload to plasma-19.com will be accessible to plasma-19.com users)

Furthermore, I authorize plasma-19.com developpers and staff to access the following information:

- COVID-19 test result documentation

Name:

Carol Baskin

Initials:

C.B

Date:

*Fri Apr 17 2020
22:52:08 GMT-0400*