

## **Healthcare Provider Labs**

# **Patient's Test Results Sign Off**

Derived on privacy pursuant to the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

I, testtest, certify that I am indeed the person coinciding with the COVID-19 test and corresponding results to follow.

I am satisfied with the testing procedure given by Health Care Providers Laboratory.

Located at: test

Phone Number: 13131313131

*[Handwritten signature]*

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