

ACKNOWLEDGEMENT OF REQUIRED TESTING CONTACT TRACING AND RELEASE OF INFORMATION

As an employee of the University of the South, I understand that the University has developed health and safety rules and protocols, in accordance with guidance and recommendations of the Centers for Disease Control, the Tennessee Department of Health and other state and federal agencies, to prepare for the 2020-2021 academic year and the return of students and all employees to campus. Specifically, I understand:

- That I may not attend work in person or engage in other in person activity on campus if I have tested positive for COVID-19 or have been exposed to a person who has tested positive for COVID-19 until I have completed a period of isolation or quarantine and been approved to return to work.
- The University requires that all employees be tested for COVID-19 as return to on-campus operations begins and that I may be asked to participate in surveillance testing for COVID-19.
- The purpose of this testing is, to the best of the University's ability, to prevent the spread of the virus, to protect the health and safety of all employees, students and guests and to be able to maintain the operations of the University.
- That refusal to participate in such testing may result in a decision that I must leave campus. If I have a valid medical necessity not to participate in the testing and screening protocols, I will request an accommodation Human Resources, and the University will attempt to find a reasonable accommodation.
- The University understands that the information to be provided in carrying out the health and safety protocols is confidential and private information. Such information will be maintained only to the extent necessary to monitor conditions on campus related to COVID-19.
- I understand that my test sample will be provided to the Sewanee Molecular Diagnostics Lab (SMDL), the laboratory responsible for analyzing samples provided for COVID-19 testing for the University. I further understand that the SMDL will share a positive test result with University Public Health officials. The University will also share a test result information with University officials involved in carrying out the functions required by the testing protocols, with University officials necessary to assist me in complying with protocols for employees who have tested positive for COVID-19, and with public health officials.
- That I will be notified of the outcome of any COVID-19 test I take at the University by receiving a phone call from a University Public Health representative.
- That if I receive notice of a positive COVID-19 test result, I will be required to complete a period of isolation in accordance with University COVID-19 policies. I will not be allowed to return to work on campus until I have completed the required period of isolation and have been approved to return to in-person activities by the University.
- That if I test positive for COVID-19, my test result and contact information will be provided to the applicable Tennessee State and County Departments of Health as required by law for the purpose of contact tracing.
- During the contact tracing process, I am aware that my test result information will be provided to University officials who have been trained on issues of confidentiality and conducting contact tracing so that they may (1) contact other University members with whom I had contact in accordance with contact tracing protocols and (2) contact other University officials with a need to know. By signing below, I acknowledge my understanding of the above information and expressly consent to the University releasing my COVID-19 test sample to SMDL for analysis. I further consent to SMDL releasing to University personnel the result of any COVID-19 test for which I have provided a sample. I further consent to the University releasing to applicable State and County Departments of Health and to University officials identified above, information about a positive COVID-19 test. I further consent to sharing positive COVID-19 test information with University officials with a need to know.

I further understand the following:

- 1) I do not have to sign this authorization. My refusal may affect my ability to continue to work at the University.
- 2) I may cancel this authorization at any time by submitting a written request to Human Resources. This cancellation will not be applicable to any disclosures already made prior to consent.
- 3) The information released will be limited to that which is necessary to fulfill the purpose of the disclosure.
- 4) If I have authorized the disclosure of information to a recipient who is not subject to HIPAA, then the recipient may re-disclose the information and it may no longer be protected under privacy laws.
- 5) I freely give this consent and I do hereby release and hold harmless the University from any and all liability or damage which may result from the disclosure of information herein authorized.

Name: _____ Date: _____

Date of Birth: _____

Permanent Address: _____

Signature: _____

Preferred Email: _____

Preferred Phone: _____