

## **Authorization For Use and Disclosure of Protected Health Information**

I, hereby authorize the disclosure of my health information as set forth below.

### **Entities Authorized to Disclose and Receive Information**

BASE10 Genetics, Inc., may disclose my health information to my employer for the purpose described below.

### **Description of Information to be Used or Disclosed**

Results of my SARS-CoV-2 blood test, clinical observations of me, information from my completed Health Data Survey, results of my return-to-work assessment.

### **Purpose of Use or Disclosure**

To help evaluate whether and how I can safely return to work.

### **Expiration of Authorization**

This authorization will expire (indicate date, or an event that relates to you or to the purpose of the use or disclosure). If no expiration date or event is included, this Authorization will expire one year after its execution.

## **— Your Rights —**

The sole purpose of the BASE10 SARS-CoV-19 testing program is to create health information for disclosure to my employer. If I do not sign this authorization, I am not eligible to participate in the BASE10 testing program and will not receive a clinical evaluation, blood test, or return to work recommendation today.

I may revoke this authorization at any time prior to its expiration date by notifying BASE10 Genetics, Inc., in writing, at 8 West Monroe, Suite 2101, Chicago IL 60603. Revocation will not have any effect on any actions taken in reliance of this Authorization or relating to the use or disclosure of information BASE10 made before it received the revocation.

I am entitled to receive a copy of this signed Authorization.

The information used or disclosed in accordance with this Authorization may be re-disclosed by the receiving entity and no longer be protected by federal or state privacy laws.