



JSCREEN HIPAA AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

By registering for the jscreen program (the “Program”), you have already authorized jscreen to collect certain identifiable health information and to provide it to your ordering physician and the genetic testing laboratory in order for you to receive certain genetic tests. This HIPAA authorization is made and agreed to in connection with your participation in Program and will permit jscreen to use this information, as well as the information generated by your healthcare provider and testing laboratory, and genetic counselors, in accordance with this authorization.

By signing this form electronically, you authorize jscreen to associate and populate the form as necessary with the personal identifiable information that you enter in the jscreen Program registration process and to use the date of your electronic signature as the date of this authorization.

Accordingly, you hereby authorize the release of the following protected health information, which you understand including genetic testing information:

- Personally identifying, payment and insurance, and health and medical information collected in connection with your participation in the jscreen Program and the subsequent review and ordering of genetic testing by your health care provider;
- Genetic testing results from the laboratory and related genetic counseling notes and related analysis from your healthcare providers resulting from your genetic testing, and
- Medical information included in your medical record in connection with your genetic testing, including your family pedigree and related information (including information regarding your partner that has been included in your medical record); and
- Any additional information provided by you to jscreen or by your healthcare providers to jscreen in connection with your participation in the Program, including, but not limited to, diagnoses, laboratory test results, treatment, and billing records for all conditions.

This medical information may be used by jscreen in order to manage your participation in the Program and for research, including with jscreen’s affiliates and partners, that will support jscreen’s mission. Jscreen may receive remuneration for use of this information. You understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.



You understand that you have the right to revoke this authorization, in writing, at any time, by notifying jscreen at hello@jscreen.org. You understand that a revocation is not effective to the extent that jscreen or any person or entity has already acted in reliance on your authorization or if your information has been deidentified and cannot be reidentified. Unless you request in writing to revoke your authorization, you understand that this authorization will be effective until 10 years after closure of the Program.

You agree that you are authorized to signed this document and to authorize the release and uses of the protected health information contained herein. You understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether you sign this authorization, but if you do not sign, you will not be able to participate in the Program and will need to seek genetic testing support though a different organization. Upon your acceptance and electronic signature, a copy of this authorization will be maintained by jscreen and will be provided to you upon your request.