

Formal Consent for Test Result Disclosure

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], born on [Your Date of Birth], hereby give my consent for the disclosure of my test results pertaining to [Specify Test, e.g., blood test, COVID-19 test, etc.]. The results are to be shared with [Specify Recipient, e.g., doctor's name, healthcare facility, insurance company, etc.].

This consent is given voluntarily and I understand that I have the right to revoke it at any time by providing written notice.

Please find my contact information below for any further clarifications:

Phone: [Your Phone Number]

Email: [Your Email Address]

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]