

Important Information Regarding My Genetic Information:

- The following types of people are authorized to obtain, analyze, retain, or disclose your genetic information:
I, _____, am the only authorized person.
 - The following is the nature of the genetic information that I am authorizing to be obtained, analyzed, retained, or disclosed:
I, _____, do not authorize any genetic information to be obtained, analyzed, retained, or disclosed by Fulgent Genetics or my HR, employment, or other “persons.”
 - The following is the name of the person(s) authorized to obtain, analyze, retain, or disclose my genetic information and his or her function:
I, _____, do not authorize anyone else to obtain, analyze, retain, or disclose my genetic information, regardless of his/her function.
 - My genetic information is being collected for the following purpose:
I, _____, do not authorize the collection of my genetic information.
- Unless I say otherwise as indicated below, my genetic information may not be used for any other purpose. My genetic information may not be retained, stored, identified, or made de-identifiable.

My Rights Regarding My Genetic Information:

- I have the right to limit the purposes for which my genetic information is used.
- I do not authorize any purposes for my genetic information. Once we fulfill the purpose(s) I have authorized in this form, you are required by law to destroy the genetic information and sample that I previously provided you.
- I am permitted to limit access to my genetic information to a certain person or persons.
- I am permitted to revoke this authorization at any time.
- I have a right to a copy of this authorization.

My Choices Regarding My Genetic Information:

- In addition to the purpose noted above, I do not authorize my genetic information to be used for research purposes.
- In addition to the purpose noted above, I do not authorize my genetic information to be used for commercial purposes.
- I would like to limit the purpose for which my genetic information is authorized to be used in the following way: There is no purpose for which my genetic information is authorized to be used.
- I would like to limit access to my genetic information to the following person or persons:
_____ (your own name.)
- I would like to receive a copy of this revoking of authorization.
- I would like to revoke any “persons” authorization to my genetic information, genetic samples, genetic tests, and genetic samples.

- (h) Any person who obtains, analyzes, retains, or discloses the genetic information of an individual shall comply with the following:
- (1) The person may not obtain, analyze, retain, or disclose the genetic information for any purpose other than the purpose authorized by the individual to whom the information pertains.
 - (2) Once the specific purpose authorized by the individual to whom the genetic information pertains has been fulfilled, the individual’s genetic information and DNA sample shall be destroyed.
 - (3) The person shall permit an individual to limit access to his or her genetic information to a certain person or persons.
 - (4) The person shall permit an individual to revoke an authorization signed pursuant to subdivision (g) at any time.
 - (5) The person shall provide an individual who has signed an authorization pursuant to subdivision (g) with a copy of that authorization upon request.

Printed Name _____ Signature _____
 Date _____ Received by _____

[SB-1267 Genetic Information Privacy Act.](https://leginfo.legislature.ca.gov/faces/billCompareClient.xhtml?bill_id=201120120SB1267&showamends=false)
https://leginfo.legislature.ca.gov/faces/billCompareClient.xhtml?bill_id=201120120SB1267&showamends=false