

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Section A: Must be completed for all authorization

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

Athlete Name _____

Sport(s) _____

Persons/organizations providing information:
Jacqueline Crytzer, MS, ATC, Head Athletic Trainer
Tamara Elmore, ATC, Assistant Athletic Trainer

Persons/ organizations receiving information:
Tiffin University Athletic Department
Team Physicians
Media

Specific description of information (including dates):

For any athletic injury occurring during 2009-2010 academic year.

Section B: Must be completed only if FABrehab Services, LLC is requesting the information for its own uses and disclosures.

1. FABrehab Services LLC. Must complete the following:
 - a. What is the purpose of the use or disclosure: To update team physician, coaches and media.
 - b. Will FABrehab Services, LLC receive payment, directly or indirectly, in exchange for using or disclosing the health information described above: NO

2. The athlete must read and initial the following statements:
 - a. I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, receive payment or eligibility for benefits unless allowed by law. **Initial** _____
 - b. I understand that I may inspect or copy the information described on this form if I ask for it and that I get a copy of this form after I sign it. **Initial** _____

Section C: Must be completed for all authorizations

The athlete must read and initial the following statements:

1. I understand that this authorization will expire on the conclusion of the 2009-2010 academic year. **Initial** _____
2. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do, it will not have any affect on my actions taken before receiving the revocation. **Initial** _____

Signature of athlete _____ **Date** _____

Printed name of athlete _____

(Form must be completed before signing)