Authorization to Disclose Protected Health Information

Student Name		Student ID #
Date of Birth	Sport	

Student –Athlete who wants to allow others to call or receive communication on their behalf.

1. I authorize medical providers to discuss, disclose and/or release information to the following individuals.

2. Ron Radford   Athletic Director
   April Stewart   Athletic Secretary
   _____   Coach
   PO Box 1000
   Wadley, AL 36276

3. I hereby authorize medical providers to discuss, disclose, and/or release information necessary to process or respond to eligibility inquires, coverage/benefit inquires, claims inquires, appeals and Explanation of Benefits about my student health insurance coverage with respect to the injury or sickness identified above. I further acknowledge that the information discussed, disclosed and/or released may include individually identifiable health information about me.

4. This authorization is being made at my request.

5. In signing this Authorization, I understand and acknowledge the following *(initial in the space provided)*
   _____ I understand that this Authorization is voluntary and that I may refuse to sign it.
   _____ I understand that my refusal to sign this authorization will not affect my ability to obtain treatment, receive payment or eligibility for benefits unless allowed by law.
   _____ I understand that I may revoke this Authorization at any time, by notifying SUSCC Athletics in writing of my intent to revoke this Authorization, except to the extent
   That action has been taken in reliance on this authorization.
   _____ I understand that, unless otherwise revoked, this Authorization will expire one year After the date of this permission.
   _____ I understand that once the disclosures authorized herein have been made, the Information disclosed may be subject to re-disclosure by any recipient and no longer Protected by federal privacy laws.

I, the undersigned, do hereby affirm that I am the above-named student athlete or authorized legal representative. I have read and understand the above information.

_____   _____
Date   Signature of Student-Athlete