

**WEST VIRGINIA UNIVERSITY
INTERCOLLEGIATE ATHLETICS**

**AUTHORIZATION FOR USES AND DISCLOSURES
OF PROTECTED HEALTH INFORMATION**

Sport: _____

Student-Athlete: _____

Date of Birth: _____

I authorize the West Virginia University Department of Intercollegiate Athletics to release my protected health information. Protected health information may include:

1. injury or illness relevant to past, present or future participation in intercollegiate athletics at the West Virginia University;
2. information contained in my personal medical record unrelated to my participation in intercollegiate athletics at the West Virginia University;
3. information concerning my medical status, medical condition, injuries, prognosis, diagnosis and other related personally identifiable health information, including injury reports, test results, x-rays, progress reports and any other documentation regarding my health status.

Authorization is granted for release of my protected health information to:

- the media, including specifically the West Virginia University Sports Information Office, to advise print, radio, television, and other media of the nature, diagnosis, prognosis, or treatment concerning my medical condition and any injuries or illnesses for the purpose of reporting on it while I am a student-athlete;
- professional athletic teams, their scouts, athletic trainers, physicians, servants or employees for the purpose of making decisions regarding my prospect as a professional athlete;
- my parents/guardian and/or spouse for the purpose of assisting me in making healthcare decisions while I am a student-athlete;
- the coaches, assistant coaches, and other athletic staff so that they may make decisions regarding my athletic ability and suitability to compete while I am a student-athlete;
- my teammates so that they may be aware of limitations that I may be under while I am a student-athlete;
- the athletic training students and other students who are participating in the provision of sports medicine healthcare to assist and participate in the provision of health care to me while I am a student-athlete;

- the Big East Conference and National Collegiate Athletic Association for the purpose of making determination regarding my eligibility status while I am a student-athlete;
- applicable insurance providers for the purpose of processing insurance claims while I am a student-athlete.

This authorization will automatically expire six years from the date it is signed.

Please note the following:

1. You may refuse to sign this authorization. Your refusal will *not* affect your ability to obtain treatment or payment.
2. If the persons or entities that are authorized to receive the information above are *not* health care providers or health plans covered by federal health privacy laws, they may re-disclose the information and those laws would no longer protect the disclosed health information.
3. Once you sign this authorization, we can rely on it until you revoke it or, if you have not revoked it, until it expires. Any revocation will not be effective as to information already disclosed in reliance on the authorization. You can *revoke* this authorization by delivering a dated and signed letter to your respective sport's Athletic Trainer:

For the Football Program	For All Other Sports
West Virginia University Department of Intercollegiate Athletics Attn: Dave Kerns PO Box 0877 Morgantown, WV 26507 Telephone: (304) 293-3244	West Virginia University Department of Intercollegiate Athletics Attn: Randy Meador PO Box 0877 Morgantown, WV 26507 Telephone: (304) 293-2737

 Print Name of Student-Athlete

 Signature: **Student-Athlete or Legal Representative**

 Date

7/15/03