SPORTSMED & THE ORTHOPAEDIC CLINIC

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name:_____ Date of Birth:___/___/_____

Patient Address: _____

_____

By signing below, you hereby authorize us to use or disclose information about yourself (or another person for whom you have authority to sign) that is protected under federal law, for the sole purpose and time period described below. You may refuse to sign this authorization. Subject to certain exceptions, you have the right to inspect and copy the protected health information.

Information to be used or disclosed (must be identified in a specific and meaningful fashion); and purpose of the use and disclosure:

Medical Information on an injury or condition which may affect participation in athletics at Lee-Scott Academy.

Information that *may not* be used or disclosed:_____

_____

_____

The name or other specific identification of the person(s), or class of persons, *authorized to make the requested use or disclosure:*

SportsMed & The Orthopaedic Clinic, P.C.

_____

The name or other specific identification of the person(s), or class of persons, to whom THE PRACTICE *may make the requested use of disclosure*: Coaches or School officials of Lee-Scott Academy_____

_____

Expiration date or an expiration event (must relate to the individual or the purpose of the use or disclosure):
Graduation from Lee-Scott Academy

This information about you is protected under federal law, and you have the right to revoke this authorization in writing. Please be advised however that any revocation will be effective only to the extent we have not already taken action in reliance on your authorization. By signing below, you recoginze that the protected health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of this disclosure and may no longer be protected under federal law. We will not condition treatment based on your authorization. You may refuse to sign the authorization.

As a personal representative, I have authority to act for the individual because I am the Parent / Guardian.

_____ _____/_____/_____

Parent / Guardian Signature Date