

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION
FOR ATHLETES PARTICIPATING IN NCS ATHLETICS**

Once properly executed this Authorization will allow for the release of protected health information to the NICE Community Schools (NCS) by physicians and health care providers engaged by NCS to render services to NCS athletes participating in school activities. The purpose of the release of the protected health information is to allow NCS to determine the advisability of an athlete's continued participation in NCS athletics. An example would be the release of information on the sideline to determine whether medical services may be necessary before an athlete returns to play.

By signing this Authorization for my son, daughter or other person for whom I have the legal authority to act (hereinafter referred to as "Athlete"), I hereby authorize health care providers that are contracted with NCS to release to each other and to NCS oral and written medical information relating to the Athlete's medical and physical condition, illness or injury that may have a bearing upon past, present or future participation in athletics at NCS. The medical information should be used by NCS for the purpose of determining the advisability of the Athlete's continued participation in NCS athletics.

This Authorization is expressly bound by all of the following conditions:

1. This Authorization will automatically expire upon the Athlete's termination of participation or ineligibility in NCS athletics, except to the extent relied upon for disclosures made prior to the automatic expiration.
2. This Authorization may be revoked at any time, provided the revocation is a properly executed written document and delivered to the Athletic Director for NCS. As soon as practicable, NCS shall inform each contracted health care provider of Athlete's revocation. However, any such revocation shall not affect disclosures made by a health care provider prior to that health care provider's receipt of the revocation from NCS. In addition, such revocation shall not affect disclosures made prior to the receipt of the revocation to the extent that this Authorization was relied upon for such disclosures.
3. This Authorization is not intended to alter the Athlete's ability to receive medical care from any health care provider, regardless of whether this Authorization is agreed to or refused.
4. This Authorization shall cover actions by and for the Consortium consisting of:

UP Health Systems – Bell & Marquette
UP Health System Physicians
Advanced Center for Orthopedics
UP Rehab Services, LLC
Active Physical Therapy
Synergy Fitness, LLC

and all of their respective employees, workforce and business associates.

5. The Athlete and parent/guardian will receive a complete copy of this signed Authorization.
6. A copy of this Authorization and any revocation of it will be kept by NCS and all Consortium members providing care to Athletes.
7. Protected health information released by the health care providers to NCS is not protected by this Authorization from re-disclosure by NCS.

Date: _____

Parent/Guardian (signed)

(Printed Name) / (Relationship to Athlete)

Athlete's Name

This Authorization and any revocation must be signed by a parent, guardian, or other person acting in loco parentis who has the authority to action the Athlete's behalf. By signing this form, you as the parent, guardian or a party acting in loco parentis warrant that you have the legal authority to action the Athlete's behalf.

The signature may be only the Athlete if the Athlete is over 18 years of age or a legally emancipated minor.