Department of Intercollegiate Athletics

Authorization for release of medical information to the media

I hereby authorize all members of the University of Central Missouri Sports Medicine Staff, all Central Missouri Team Physicians, or any other physicians or health care professional to release information, records, and reports regarding my medical history, medical status, record of injury and/or surgery, prognosis, diagnosis, record of serious illness, rehabilitation, and related personally identifiable health information to the media. The information includes injuries or illnesses relevant to past, present, or future participation in athletics at Central.

The reason for this disclosure is to advise members of the media and their representatives of the nature, diagnosis, prognosis, or other treatment concerning my medical condition and injuries/illnesses sustained while I am a student-athlete. I understand that the entities receiving the information are not health care providers or health plans covered by federal privacy regulations, and that the information described above may be rediscover publicly.

I understand that the University of Central Missouri will not receive compensation for it's use/disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization at any time by notifying the Assistant Athletic Director for Internal Affairs, Kathy Anderson, in writing, but the revocation will only affect the treatment of information after she receives it and can communicate it to staff. I understand that this authorization is effective when signed by me and will continue in effect for six years unless revoked in writing by me. I understand that a separate authorization/release will not be required for each injury, each request for information or each disclosure. This authorization expires six years from the date it is signed.

A photocopy of this authorization shall be considered as valid as the original.

NAME: ______________________________________ **DATE:** _______________________

SSN#: _______________________________________ **DATE OF BIRTH:** ______________

SIGNATURE: _________________________________ **SPORT:** ______________________

WITNESS: ____________________________________

SIGNATURE OF PARENT/GUARDIAN IF ATHLETE IS UNDER AGE 18:

SIGNATURE: _________________________________ **DATE:** _______________________