

The University of Tennessee at CHATTANOOGA

II. Authorization for the University of Tennessee Chattanooga to Release Medical Information

I, _____, age _____, hereby authorize the Head Athletic Trainer to release, or disclose, my medical records to other health care providers, parents/guardians, hospitals/medical clinics/laboratories, athletic coaches, strength and conditioning coaches, professional sports organizations, members of the media, other colleges/universities, and associated insurance carriers, as requested by myself. I understand this information may concern my medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information.

I understand that only the specific institutions/individuals requested will receive my information and The University of Tennessee at Chattanooga Sports Medicine staff will not discuss any medical information with outside parties. I understand that I may revoke this authorization at any time by notifying the Head Athletic Trainer in writing, but it will not have any effect on actions the university or university athletic department took prior to the revocation. A photostatic copy of this authorization shall be considered as effective and valid as the original, **and will be valid for six years upon the date signed.**

(Signature of Athlete)

(Date)

(Sport)

(Social Security Number)