



Authorization to Release Pre-participation Physical Exam Information

Sports Medicine

I, the undersigned, authorize Mayo Clinic Rochester to disclose any protected health information (including, but not limited to, information relating to psychiatric/psychologic, sickle cell anemia, and alcohol and drug diagnoses and treatment or information from its affiliated entities, if any such information exists) obtained either during the Pre-participation Exam detailed below or obtained by the attending Athletic Trainer for an injury regarding the student athlete (named below) with the school athletic director, athletic trainer, or the athlete's direct coaching staff, for the purpose of evaluation and playing status regarding fitness and participation in athletic activities.

Patient (Student Athlete) Information

Mayo Clinic Number <i>(Optional)</i>	Student Athlete Name - print clearly <i>(First, Middle, Last)</i>	Birth Date <i>(Month DD, YYYY)</i>	
Street Address		Phone Number	
City	State	ZIP Code	

Athletic Director Information

Athletic Director Name - print clearly		Phone Number
School Name		
Street Address		
City	State	ZIP Code

As stated in Mayo Clinic's Notice of Privacy, this authorization may be revoked at any time except to the extent that Mayo has taken action in reliance upon this authorization. Revocation must be made in writing to the following appropriate entity: Mayo Clinic, Office of Patient Affairs, 200 First Street SW, Rochester, MN 55905.

Furthermore, I understand that Mayo Clinic will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign the authorization.

I understand that a copy of this authorization will be provided to me when Mayo Clinic receives the authorization.

I understand, that if this information is disclosed to a third party, the information may be redisclosed by the person or entity that receives the information and may no longer be protected by federal privacy regulations.

I also understand that I may be charged for copies of this information in accordance with state law.

This authorization will terminate 3 years from date listed below.

Signature

Student Athlete's Legally Authorized Representative Signature	Legal Authority <input type="checkbox"/> Parent <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Guardian	Signature Date <i>(Month DD, YYYY)</i>
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Instructions: Complete, sign and date this form where designated above and present this document on the designated day of the exam. Please make a copy of the completed authorization form for your records.