



## FURMAN UNIVERSITY SPORTSMEDICINE CENTER

Dear Student-Athlete,

At Furman University Sportsmedicine Center, we are committed to treating and using protected health information about you responsibly. Enclosed is our "Standard Authorization" form which provides us your permission to keep your parents and sport coach informed on your injury and health status. The back page of this form gives your permission for media releases involving injury information as it pertains to athletic participation.

Please read through carefully and sign the enclosed forms and return with your completed athletic insurance packet. If there are any questions pertaining to the enclosed materials, feel free to contact our office at (864) 294-2130.

Sincerely,

Elaine Baker, ATC, SCAT  
Director of Sports Medicine/  
Associate Athletic Director

**Furman University Sportsmedicine Center**  
**Standard Authorization of Use and Disclosure of Protected Health Information**

**Information to Be Used or Disclosed**

The information covered by this authorization includes:

*Disclosure of Protected Health Information regarding the individual's injury or health status as it relates to and affects athletic participation.*

**Purposes of Disclosure**

Information listed above will be disclosed for the following purposes:

*To report the individual's injury or health status as it relates to their athletic participation in the form of media releases and the creation of Furman University Sports Information Media Guides.*

**Persons Authorized to Use or Disclose Information**

Information listed above will be used or disclosed by:

*Clinical and Administrative Staff of Furman University Sportsmedicine Center.*

**Persons to Whom Information May Be Disclosed**

Information described above may be disclosed to:

*Furman University Director of Sports Information*

*Furman University Associate & Assistant Directors of Sports Information*

**Expiration Date of Authorization**

This authorization is effective through 9/30/2011 unless revoked or terminated by the patient or patient's personal representative.

**Right to Terminate or Revoke Authorization**

You may revoke or terminate this authorization by submitting a written revocation to Furman University Sportsmedicine Center. You should contact the Privacy Official to terminate this authorization.

**Potential for Re-disclosure**

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible to ensure your right to the protection of the privacy of this information once Furman University Sportsmedicine Center discloses it to another party.

**Rights of the Individual**

You may inspect or copy information used or disclosed under this authorization.  
You may refuse to sign this authorization.

**Signature**

\_\_\_\_\_  
Name of Student/Athlete (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Furman University Sportsmedicine Center**  
**Standard Authorization of Use and Disclosure of Protected Health Information**

**Information to Be Used or Disclosed**

The information covered by this authorization includes:

*Disclosure of Protected Health Information regarding the individual's injury or health status as it relates to and affects athletic participation.*

**Purposes of Disclosure**

Information listed above will be disclosed for the following purposes:

*To determine the individual's status for athletic participation.*

*To ensure the individuals's health and safety during athletic participation.*

**Persons Authorized to Use or Disclose Information**

Information listed above will be used or disclosed by:

*Clinical, Administrative and Billing Staff of Furman University Sportsmedicine Center.*

**Persons to Whom Information May Be Disclosed**

Information described above may be disclosed to:

*Staff Coaches and Strength Coach of the sport in which the individual is a member.*

*The parent or legal guardian of the signed individual.*

**Expiration Date of Authorization**

This authorization is effective through 9/30/2011 unless revoked or terminated by the patient or patient's personal representative.

**Right to Terminate or Revoke Authorization**

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**Rights of the Individual**

You may inspect or copy information used or disclosed under this authorization.

You may refuse to sign this authorization.

**Effect of Refusing Authorization**

If you refuse to sign this authorization, Furman University Sportsmedicine Center with Furman University Athletic Department will be unable to approve your participation in the Intercollegiate Athletic Program sponsored by Furman University.

**Signature**

\_\_\_\_\_  
Name of Student/Athlete (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date