



Authorization for Release of Health Information

I authorize UC Irvine team physicians, athletic trainers, sports information staff and athletic coaches to release my health information concerning any illness or injury relative to my participation in athletics at UC Irvine to:

University Student Health Services
501 Student Health – UC Irvine
Irvine, California 92697-5200
Tel (949) 824-5301

In order to facilitate medical care related to my participation in those sports.

I understand that I cannot participate in my sport(s) without signing this release.

This release will be effective for the time period of my participation in intercollegiate athletics at UC Irvine.

Notice:

UC Irvine Sports Medicine and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, state or federal confidentiality laws may no longer protect it.

Your Rights:

- I understand that the treatment, payment enrollment or eligibility for benefits may not be conditioned on signing this authorization except if the authorization is for:
 - 1) conducting research-related treatment
 - 2) to obtain information in connection with eligibility or enrollment in a health plan
 - 3) to determine an entity's obligation to pay a claim
 - 4) to create health information to provide a third party.
- I may revoke this authorization at any time. To do so I must submit a written request to Jim Pluemer Director of Sports Medicine, UC Irvine Athletics, Crawford Hall, Irvine, CA 92697-4500. The revocation will take effect when UC Irvine Sports Medicine receives it, except to the extent that UC Irvine Department of Intercollegiate Athletics or others have already relied on it.
- I am entitled to receive a copy of this Authorization.

Signature:

Athlete's Signature	Date
Athlete's Printed Name	Sport
Athlete's Parent or Legal Guardian Signature (If Athlete is under age 18)	Date
Athlete's Parent or Legal Guardian Printed Name (If Athlete is under age 18)	
Witness Signature (If Athlete is unable to sign) or Interpreter	Date