

**STUDENT-ATHLETE AUTHORIZATION TO RELEASE
PROTECTED HEALTH INFORMATION**

- I authorize REHABCLINICS (SPT), INC. d/b/a NOVACARE REHABILITATION (NovaCare) to provide information related to my care to the family/school/team physician, school nurse, coaches, athletic directors, school principals, EMS personnel, and such persons as needed for them to provide consultation, treatment, and related services to me.
- I understand that my health record(s) will not be released or obtained by NovaCare unless permission is provided for herein as evidenced by the signature on this Authorization for Release of Protected Health Information (Authorization)
- I understand that the release of my health record(s) will be for the purpose stated on this form.
- I understand that the health record(s) released by NovaCare may possibly be re-disclosed by the facility/person that receives the record(s) and, therefore, such information would no longer be protected by the state and federal privacy laws and regulations.
- I understand that this Authorization is in effect for a period of the current scholastic sport season (fall, winter, or spring as designated by the school), or beyond in the event of the continued treatment of an injury from that designated sports season; however, no time frame specified shall go beyond one year from the date of signature.
- I understand that this Authorization is also in effect if I am treated for an injury during off-season workouts: however, no time frame specified shall go beyond one year from the date of signature.
- I understand that I have to right to revoke this Authorization form at any time by sending a written request to _____ where the Authorization was provided.
- I understand that my decision to revoke the Authorization does not apply to any release of my health record(s) that may have taken place prior to the date of my request to revoke the Authorization.
- I understand that I am entitled to a copy of this completed Authorization form.

Athlete/patient signature

Date

Parent / Guardian Signature

Date