

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that our insurer or HMO obtain your authorization before it may communicate with us about your personal information. If you would like us have access to your information, you will need to complete and sign the authorization below. You are under no obligation to provide an authorization if you do not wish to do so.

I authorize the disclosure of my protected health information as follows:

1. I authorize necessary employees and contractors of Averett University and employees and agents of CCS, Inc.* to have access to medical records and other protected health information relating to the injury incurred in the course of my participation in athletic competition covered by the insurance policy covering similarly situated athletes to evaluate my recovery and all other purposes to ensure my capacity to return to participation and the timely payment of claims related to this injury.
2. I understand that I may revoke this authorization in writing at any time, although my right to revoke will be limited if the entity I have authorized to disclose information has taken action in reliance on my authorization.
3. I understand that the insurer or HMO may not condition payment, enrollment, or eligibility for benefits on whether I sign this authorization.
4. I understand that the information disclosed to my employer pursuant to this authorization will no longer be protected by HIPAA and may be redisclosed if necessary for us to defend or maintain a lawsuit or administrative action or if required by law.

Expiration Date.

This authorization will expire at the end of my enrollment at the college or university indicated above or upon revocation.

Signature Of Student and Date.

Signature

Date

Please print your name and the name of any individual for whom you are a personal representative and whose information you are authorizing be disclosed.

Your Name

Name Of Authorized Individual

If you are signing as the personal representative of another individual whose information will be disclosed, you must provide a description of your authority to act for that individual (for example, the parent or guardian of a minor): _____

*Carolina Consulting Services, Inc. (CCS, Inc.) is the parent corporation for ABCO 100.