



\*48\*

**UR Sports Medicine**

4901 Lac Deville Blvd.

Suite 110, Building D

Rochester, NY 14618

Phone: (585) 341-9200 Fax: (585) 340-9745

**SMH 48 USM MR Authorization for Release of Medical Information**

RR DONNELLEY

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_  
 Date of Request: August 1, 2021 Date Needed: August 1, 2021  
 Sports Team: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Varsity     Junior Varsity     Freshman     Other: \_\_\_\_\_

<input checked="" type="checkbox"/> I authorize UR Sports Medicine to release information to:  _____ <b>School</b> Name of School _____ Address of School _____ City, State, Zip Code _____ Phone #/Fax# (include area code)	<b>AND</b>	<input checked="" type="checkbox"/> I authorize UR Sports Medicine to obtain information from:  _____ <b>School</b> _____ and <u>Student's Primary Care or Specialty Physicians</u>
---	------------	--

**PURPOSE FOR THIS REQUEST:**

Healthcare/Injury Prevention

**TYPE OF RECORDS REQUESTED:**

For any sports related injury treated by any UR Medicine-Sports Medicine athletic trainer during **8/1/21 - 7/31/22**

**AUTHORIZATION VALID FOR:**

This request and for medical records of any future treatment of the type described above until: **7/31/22**

*I understand that:*

- My right to healthcare treatment is not conditioned on this authorization.
- I may cancel this authorization at any time by submitting a written request to the address provided at the top of this form, except where a disclosure has already been made in reliance on my prior authorization.
- If the person or facility receiving this information is not a health care or medical insurance provider covered by privacy regulations, the information stated above could be redisclosed.
- Release of HIV-related information, mental health related care, or substance abuse diagnosis and treatment information requires additional authorization.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian (if Student is under age 18)

\_\_\_\_\_ Date: \_\_\_\_\_