

Northern Illinois University

Intercollegiate Athletic Training and
Health Services
DeKalb, Illinois 60115-2879

**Authorization For Release Of
Confidential Health Information
For NCAA Athletes**

Name: (Last) _____ (First) _____

NIU ID # _____ **Date of Birth:** ____/____/____

I authorize Northern Illinois University, Health Services and NIU Intercollegiate Athletic Trainers to share confidential health information regarding services related to NCAA clearance and participation. This release could include information contained in my medical record from the Health Services as well as the NIU Intercollegiate Athletic Training records

Diagnosis of Mental Health and/or Alcohol and Substance abuse are NOT included in this general release. Federal regulations outlined in the Code of Federal Regulations, 42 CFR, Ch. 1, Part 2 (1983), and Illinois 740 ILCS 110 require a separate, specific release form signed for any Diagnosis of Mental Health and/or Alcohol and Substance Abuse.

This information is to be used for the purpose of continuity of health care and treatment. I understand that I have the right to inspect and/or obtain a copy, (for an appropriate fee) of the information prior to disclosure. I may revoke this authorization at any time (except to the extent that action has already been taken) by submitting a written revocation to Northern Illinois University, Health Services. If I refuse to sign this authorization, my medical record/information will not be released. If this is for the purposes of third party payment, the refusal to authorize could result in the assignment of financial responsibility to me, the patient, for services. This authorization will be considered valid for 1 academic year following the date of signature unless otherwise specified here: I absolve the individual or agency identified above and the Board of Trustees of Northern Illinois University together with it's officers and employees from any legal liability which may arise from the disclosure of this information.

Athlete Signature: _____ **Date:** _____

If athlete is under 18 must be signed by parent or guardian

Witness by: _____

Method of Disclosure could be any of the following: Mail, Hand Carry, and Verbal, Fax