

**NATIONAL INVITATIONAL CAMP, INC.**

**AUTHORIZATION FOR USE AND DISCLOSURE OF  
RECORDS AND INFORMATION**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**1. Persons/Entities Authorized to Release and Disclose Information:**

I hereby authorize and give my permission to the following persons and/or entities to release and disclose my medical records, medical information, and/or “protected health information” (as defined under the Health Insurance Portability and Accountability Act, as amended, and the regulations thereunder (“HIPAA”)), altogether, my “PHI”, in the manner described in this Authorization:

**National Football Scouting, Incorporated**, the National Football League and each of its member Clubs, as now existing or at any time in the future (“NFL”), the National Football League Drug Advisers and Medical Advisors, National Invitational Camp, Inc., the advisors to the National Football League’s Policy and Program on Substances of Abuse, the advisors to the National Football League’s Policy on Anabolic Steroids and Related Substances, the advisors to the National Football League’s Prescription Drug Program and Protocol, any NFL Club medical staff members, team physicians, athletic training staff members, committees, panels, programs and boards commissioned by the NFL for player health and safety initiatives, Quintiles, Inc., or any successor entity engaged by the NFL to provide data-related analytics and other services (including services intended to support player health and safety initiatives), any outside or third-party physicians, physician groups, hospitals, clinics, laboratories, consulting physicians, specialists, pharmacies, and/or healthcare professionals engaged by National Football Scouting, Inc., National Invitational Camp, Inc., the NFL or any NFL Club(s) for the purpose of providing medical care to the releasor, and any present and future electronic medical record vendors and/or prescription networks used

by the NFL or any NFL Club(s), including, but not limited to, eClinicalWorks, Inc., Intelimage, LLC, and/or Infinitt, Inc., and their respective representatives, agents, and/or employees, officers, servants, staff members, and contractors of the foregoing.

## **2. Personal Health Information to Be Used and Disclosed:**

I hereby authorize the following medical records and/or PHI to be used and disclosed as described in this Authorization to the Authorized Parties (defined below):

My entire health or medical record and/or PHI relating to any injury, sickness, disease, mental health condition, physical condition, medical history, medical or clinical status, diagnosis, treatment or prognosis from any source, including without limitation all written and/or electronic information or data, clinical notes, progress notes, discharge summaries, lab results, pathology reports, operative reports, consultations, physicals, physicians' records, athletic trainers' records, diagnoses, findings, treatments, history and prognoses, test results, laboratory reports, x-rays, MRI, and/or imaging results, outpatient notes, physical therapy records, occupational therapy records, prescriptions, and any and all other information pertaining to my past, present, or future medical condition, diagnosis, treatment, history, and prognosis. This Authorization expressly includes all records and PHI relating to any mental health treatment, therapy, and/or counseling, but expressly excludes psychotherapy notes.

## **3. Persons/Entities Authorized to Receive and Use:**

I hereby authorize the following persons and/or entities to receive and use my medical records and/or PHI only for the purposes that are permitted under this Authorization. These persons and entities will be referred to as the "Authorized Parties":

National Football Scouting, Inc., the National Football League and each of its member Clubs, as now existing or at any time in the future ("NFL"), the National Football League Drug Advisers and Medical Advisers, National Invitational Camp, Inc., the advisors to the National Football League's Policy and Program on Substances of Abuse, the advisors to the National Football League's Policy on

Anabolic Steroids and Related Substances, the advisors to the National Football League's Prescription Drug Program and Protocol, any NFL Club medical staff members, team physicians, athletic training staff members, the NFL Players Association Executive Committee, Medical Advisors and designated legal counsel, committees, panels and boards commissioned by the NFL or NFLPA for player health and safety initiatives, Quintiles, Inc., or any successor entity engaged by the NFL to provide data-related analytics and other services (including services intended to support player health and safety), any outside or third-party physicians, physician groups, hospitals, clinics, laboratories, consulting physicians, specialists, pharmacies, and/or healthcare professionals engaged by National Football Scouting, Inc., National Invitational Camp, Inc., the NFL or any NFL Club(s) for the purpose of providing medical care to the releasor, and any present and future electronic medical record vendors and/or prescription networks used by the NFL or any NFL Club(s), including, but not limited to, eClinicalWorks, Inc., and/or Infinit, Inc., and their respective representatives, agents, and/or employees, officers, servants, staff members, and contractors of the foregoing.

#### **4. Purpose of the Disclosure:**

This Authorization for Use and Disclosure of Records and Information is *only* for purposes relating to: (a) my actual or potential employment in the National Football League, including for the provision of healthcare, evaluation, consultation, treatment, therapy, and related services, which purposes are limited to reviewing, discussing, transmitting, disclosing, sharing, and/or using my medical records and PHI between and among: (i) any of the Authorized Parties and (ii) any of my healthcare providers and/or mental health providers, for: (b) employment-related injury reports; (c) the activities of the National Football League Drug Advisors, the advisors to the National Football League's Policy and Program on Substances of Abuse, and/or the advisors to the National Football League's Policy on Anabolic Steroids and Related Substances, specifically limited to due diligence and audit activities, investigations of possible violations of the Policies or eligibility for a "therapeutic -use" exception under either Policy; (d) ophthalmic examinations, consultations or treatment; (e) NFL player health and safety initiatives and projects, in accordance with the August 4, 2011 Collective Bargaining Agreement and amendments to it, including without limitation the Side Letter Agreement regarding the Injury Surveillance System and Player Health

Information Analysis, Dissemination and Research, dated December 2014 (“CBA”).

Notwithstanding anything to the contrary, I hereby permit my medical information and PHI to be used and disclosed as expressly permitted or required under the CBA.

**5. Expiration Date:** This Authorization will expire two (2) years from the date of signature below.

**6. Photocopy:** A photostatic copy of this Authorization shall be considered as effective and valid as the original.

**7. Signature:** By my signature below, I acknowledge that I have read this Authorization, understand my rights as described herein, understand that I am allowing medical and mental healthcare providers, and others set forth in Section 1 above, to disclose my PHI, and have had any questions answered to my satisfaction. I also acknowledge and understand that this Authorization has been collectively bargained for by the National Football League and the National Football League Players Association.

Signature: \_\_\_\_\_

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

**NOTICE: You are entitled to a copy of this Authorization after you sign it. You have the right to revoke this Authorization any time by presenting a written request to National Invitational Camp, Inc., except to the extent that any Authorized Party has relied upon it. Revocation will not apply: 1) to information that has already been released in connection with this Authorization, 2) during a contestability period under applicable law, or 3) if the Authorization was obtained as a condition of obtaining insurance coverage. We may not condition treatment, payment, enrollment, or eligibility for benefits on your execution of this Authorization, except for the purpose of creating protected health information for disclosure to a third party on provision of Authorization. Information disclosed pursuant to this Authorization may be re-disclosed by the recipient(s) and no longer protected by certain federal or state privacy laws or regulations. Information disclosed pursuant to this Authorization may include records created by a healthcare provider or mental healthcare provider other than the disclosing party, unless access to such PHI has been restricted as permitted under HIPAA or other federal or state law, or unless such provider has expressly prohibited such re-disclosure.**

**NATIONAL INVITATIONAL CAMP, INC.**

**AUTHORIZATION FOR RELEASE & DISCLOSURE  
OF MEDICAL & MENTAL HEALTH RECORDS**

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

**1. Persons/Entities Authorized to Release and Disclose Information.** I hereby authorize, empower, request, and direct all healthcare providers, physicians, hospitals, mental health providers, counselors, therapists, clinics, schools, universities, colleges, student health services, dispensaries, sanatoriums, any other agencies, NFL Clubs, professional football teams, athletic trainers, all other amateur or professional teams or organizations, facilities, and/or entities that may possess my medical records, my medical information and/or my protected health information (“PHI”) (as defined under the Health Insurance Portability and Accountability Act, as amended, and the regulations thereunder (“HIPAA”)), altogether, my “Health Information”: (1) to release, disclose, and to make these records and other Health Information freely available to the persons and entities identified on this Authorization as the Authorized Parties; and (2) to discuss the contents of these records and other Health Information with the Authorized Parties and their representatives.

**2. Persons/Entities Authorized to Receive and Use the Information.** I hereby authorize, empower, and give permission to the following persons and/or entities and their representatives to receive, inspect, copy, obtain copies, examine, and/or use of any and all medical records and other Health Information described in this Authorization. These persons and entities will be referred to as the “Authorized Parties”:

**National Football Scouting, Inc.**, the National Football League and each of its member Clubs, as now existing or at any time in the future, the National Football League Drug Advisers, National Invitational Camp, Inc., the advisors to the National Football League’s Policy and Program on Substances of Abuse, the advisors to the National Football League’s Policy on Anabolic Steroids and Related Substances, respective representatives, agents, and/or employees, owners, officers,

servants, staff members, and contractors, any NFL Club medical staff members, team physicians, athletic training staff members, as well as any outside or third-party physicians, physician groups, hospitals, clinics, laboratories, consulting physicians, specialists, and/or healthcare professionals engaged by National Football Scouting, Inc., National Invitational Camp, Inc., the NFL or NFL Clubs, and any present and future electronic medical record vendors used by the NFL or NFL Clubs, including, but not limited to, eClinicalWorks, Inc., Intelemage, LLC, Infinitt, Inc., and/or Surescripts.

**3. Description of the Information to be Released and Disclosed.** I hereby authorize, empower, direct, and give permission for the following Health Information to be released and disclosed to the Authorized Parties:

My entire health or medical record and Health Information about me relating to any injury, sickness, disease, mental health condition, physical condition, medical history, medical or clinical status, diagnosis, treatment or prognosis from any source, including without limitation all written and/or electronic information or data, clinical notes, progress notes, discharge summaries, lab results, pathology reports, operative reports, consultations, physicals, physicians' records, athletic trainers' records, diagnoses, findings, treatments, history and prognoses, test results, laboratory reports, x-rays, MRI, and/or imaging results, outpatient notes, physical therapy records, occupational therapy records, prescriptions, and any and all other information pertaining to my past, present, or future medical condition, diagnosis, treatment, history, and prognosis. This Authorization applies to any and all Health Information, including medical records and other Health Information which the Persons/Entities Authorized to Release and Disclose Information may have received from another provider, unless access to such Health Information has been restricted as permitted under HIPAA or that provider has expressly prohibited re-disclosure.

This Authorization expressly includes all records and other Health Information relating to any mental health treatment, therapy, and/or counseling, but expressly excludes psychotherapy notes.

**4. Purpose of the Disclosure.** For purposes relating only to my actual or potential employment in the National Football League including the provision of healthcare, evaluation, consultation, treatment, therapy, and related services, which purposes are limited to reviewing, discussing, transmitting, disclosing, sharing, and/or using my Health Information: (a) between and among any of the Authorized Parties; (b) with any of my healthcare providers and/or mental health providers; (c) for employment-related injury reports; (d) for the activities of the National Football League Drug Advisors, the advisors to the National Football League’s Policy and Program on Substances of Abuse, and/or the advisors to the National Football League’s Policy on Anabolic Steroids and Related Substances, specifically limited to due diligence and audit activities, investigations of possible violations of the Policies or eligibility for a “therapeutic-use” exception under either Policy; (e) for ophthalmic examinations, consultations or treatment; and/or (f) with respect to disclosure to the National Football League, this authorization shall not be used by the NFL or its member Clubs to obtain documents, evidence, or material for purposes of litigation, grievances, or any dispute with the National Football League or its member clubs, except as contemplated by the August 4, 2011 Collective Bargaining Agreement (CBA), and as is necessary for the NFL and its member Clubs to fulfill their obligations under the CBA.

**5. Expiration Date.** This Authorization will expire two (2) years from the date of signature below.

**6. Photocopy.** A photostatic copy of this Authorization shall be considered as effective and valid as the original.

**7. Signature.** By my signature below, I acknowledge that I have read this Authorization, understand my rights as described herein, understand that I am allowing medical and mental healthcare providers to disclose my Health Information, and have had any questions answered to my satisfaction. I expressly and voluntarily authorize the release, disclosure, and use of my Health Information as described in this Authorization. I also acknowledge and understand that: this Authorization has been collectively bargained for by the National Football League and the National Football League Players Associations.

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Signature

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Date

If a personal representative signs this Authorization on behalf of the Player, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

**NOTICE: You are entitled to a copy of this Authorization after you sign it. You have the right to revoke this Authorization any time by presenting a written request to the Club's Head Athletic Trainer or his designee, except to the extent that any Authorized Party has relied upon it. Revocation will not apply: 1) to information that has already been released in connection with this Authorization, 2) during a contestability period under applicable law, or 3) if the Authorization was obtained as a condition of obtaining insurance coverage. We may not condition treatment, payment, enrollment or eligibility for benefits on your execution of this authorization, except for the purpose of creating protected health information for disclosure to a third party on provision of Authorization. Information disclosed pursuant to this Authorization may be re-disclosed by the recipient(s) and no longer protected by federal privacy laws or regulations. Information disclosed pursuant to this Authorization may include records created by a healthcare provider or mental healthcare provider other than the disclosing party, unless access to such PHI has been restricted as permitted under HIPAA or such provider has expressly prohibited such re-disclosure.**