

Trinity High School Athletic Form

Participation in athletics is considered a privilege. Students who participate are accepting the responsibility of representing the high standards of conduct and values for which Trinity High School stands. Failure to comply with those standards can result in the revocation of the privilege to participate.

I have read and reviewed the general requirements for high school athletic eligibility and I have discussed these requirements with my student-athlete. I understand that additional questions or specific circumstances should be directed to my student's principal and or athletic director.

All information obtained on this form is accurate and current. If information on this form changes, I understand that it is my responsibility to notify the school's athletic department and accept that a change may alter the eligibility status of my student-athlete.

Home Address:

Address _____ City/ Town _____ State _____ Zip _____

Academics:

This is my _____ (1st - 8th) consecutive semester at THS, and I entered the 9th grade in _____ (month) of _____ (year). Last semester I attended _____ (school) and passed _____ (number) courses.

Code of Conduct: As a student-athlete, I know that I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the NCHSAA and hereby accept the responsibility and privilege of representing my school and community as a student-athlete. - I also confirm that I have not been convicted of a felony or an act that would have been a felony if I were not classified as a juvenile.

List all sports the student athlete has interest in (the below info will be shared with these coaches):

Emergency Contact Information ** Include parent/ legal guardian below:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Medical Information –

- Medical info that may be necessary in parent/ guardian absence (allergies, medical conditions, medications, etc)

Student Name (Print) _____ Sign _____ Date _____

Parent/
Legal Guardian Name (Print) _____ Sign _____ Date _____

2021-2022 NCHSAA ELIGIBILITY, CONSENT TO PARTICIPATE AND RELEASE FORM

THIS DOCUMENT MUST BE SIGNED BY THE STUDENT-ATHLETE OF AN NCHSAA MEMBER SCHOOL AND BY THE STUDENT'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT AND PARENT(S)/LEGAL CUSTODIAN.

I acknowledge that I have read and understand the North Carolina High School Athletic Association's (NCHSAA) Eligibility Rules. I understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or Athletic Director, and that I may review it, in its entirety if I so choose. I know my school is a member of the NCHSAA and must adhere to all regulations that govern interscholastic athletic programs, including, but not limited to, Federal and State laws, local regulations and those imposed by the NCHSAA. I understand that local rules may be more stringent than the NCHSAA and agree to follow the rules of my school and the NCHSAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I understand that classroom performance, dropping a class or taking coursework through other educational options could affect eligibility and compliance with NCHSAA academic standards.

STUDENT CODE OF RESPONSIBILITY

As a student-athlete, I **understand and accept** the following responsibilities:

- I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration. I will be **fully responsible** for my own actions and the consequences of my actions.
- I will **respect the property** of others.
- I will **respect and obey the rules** of my school and the laws of my community, state and country.
- I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state and country.
- I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system Administration

PARENTS, LEGAL CUSTODIANS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. The student and parent/legal custodian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, the student and parent/legal custodian have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I authorize medical treatment should the need arise for such treatment while I or my child/ward ("student-athlete") is under the supervision of the member school. I **consent to medical treatment** for my student-athlete following an injury or illness suffered during practice and/or a contest. I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, a reasonable attempt will be made to contact me the parent/legal custodian in the case of my student-athlete being a minor, but that, if necessary, my student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

I **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required before the student is allowed to return to participation. I also acknowledge that I **have received, read and signed the Gfeller-Waller Concussion Information Sheet**, as well as viewed the **CrashCourse concussion education video**.

I **consent to the NCHSAA's use of the herein named student's name, image, likeness, and athletic-related information** in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics and grant the NCHSAA the right to photograph and/or videotape the participant and further to use the participant's face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The NCHSAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school, to the NCHSAA, upon its request, of all records relevant to the student-athlete's athletic eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence and physical fitness. The student and parent/legal custodian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCHSAA its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein named student. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the participant's member school. By doing so, however, we understand that the participant would no longer be eligible for participation in interscholastic athletics.

Student's Signature

Date of Birth

Grade in School

Date

Signature of Parent or Legal Custodian

Date

NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19

The NCHSAA believes it is essential to the physical, emotional, and mental well-being of students to return to athletic activity as soon as deemed safe. However, the health and safety of these student-athletes is vital. Therefore, we are requiring that all students wishing to be involved in athletics complete this form before being allowed to participate in ANY organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to athletics, while helping prevent other team members and coaches from being put at risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire team.

Name	
Sport	

For the questions below, please circle yes or no

YES	NO	Since January 1, 2020 have you been told that you have had a positive test for COVID-19 OR have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms?

Today or in the past 2 weeks have you had any of the following symptoms:

YES	NO	A fever (temperature more than 100.4° Fahrenheit or 38° Celsius)?
YES	NO	Shaking chills?
YES	NO	A new or worsening cough, shortness of breath or difficulty breathing?
YES	NO	Racing heart, heart skipping beats or fluttering of the heart?
YES	NO	Unusual dizziness, particularly with exercise?
YES	NO	Fatigue or difficulty with exercise?
YES	NO	A sore throat different than associated with seasonal allergies?
YES	NO	New loss of taste or smell?
YES	NO	Nausea, vomiting or diarrhea?
YES	NO	Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?
YES	NO	Have you been in contact with anyone infected with COVID-19 in the past 14 days?

By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete: _____

Signature of parent/legal custodian: _____

Date: _____

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY REGARDING VOLUNTARY PARTICIPATION IN ATHLETICS AND BAND

On behalf of myself and on behalf of my minor child who is enrolled in the Randolph County School System ("RCSS"), as his/her parent and/or legal guardian, our heirs, executors, administrators, and assigns fully acknowledge, understand, and agree to the following:

- a. COVID-19 and related infections and conditions are extremely contagious and inherently present a risk to participants in RCSS Athletics and/or Band.
- b. The global COVID-19 pandemic and community spread of COVID-19, and potential related conditions and infections, likewise inherently present a risk to participants in RCSS Athletics and/or Band.
- c. It is my duty to fully inform my minor child of the numerous risks and potential dangers associated with COVID-19 and related conditions, including SUFFERING SEVERE PERSONAL INJURY OR DEATH AND EXPOSING OTHERS (including members of my child's household) TO COVID-19 or other infectious disease, including but not limited to MRSA.
- d. My child's PERSONAL SAFETY CANNOT BE GUARANTEED.
- e. My child's participation in RCSS Athletics and/or Band is completely voluntary, and I believe and have determined that I am willing to and assume the risk of my child participating in these activities, including specifically the known risk and danger associated with COVID-19 and related conditions.
- f. I hereby release and hold harmless the Randolph County Board of Education, its board members, officers, Superintendent, administrators, employees, volunteers, and sponsors (the "Releasees") from legal liability and any and all actions, suits, damages, claims or judgments for damages or expenses (including reasonable attorneys' fees and costs), that may result from any personal injury, illness, disability, death, or loss or damage to person or property, or any other claim demand, action or right of actions of whatever kind or nature, either in law or in equity, whether related to COVID-19 or otherwise regardless of fault, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.
- g. I agree that this Release and Waiver of Liability is intended to be as broad and inclusive as is permitted by law, and that if any portion of it is held invalid by an appropriate court of competent jurisdiction, the balance shall, notwithstanding, continue in full legal force and effect.
- h. I understand and agree that I will abide by all applicable requirements of the County of Randolph and the State of North Carolina, with respect to any ordinance, order, or other law regarding the COVID-19 pandemic, whenever issued.
- i. I represent and warrant that I have read Health and Safety Procedures issued by RCSS and will abide by those procedures. I understand that these procedures require that my child be screened on a daily basis, that my child may be sent home in the event of even mild symptoms, and that practices may cease temporarily in the event of a positive case. I further understand that I must notify RCSS if my child or a member of my child's household test positive for COVID-19 and that RCSS may share this information with government agencies, RCSS staff, and individuals potentially exposed to COVID-19.
- j. I have received notice of what is considered to be a high risk factor for the COVID-19 virus. I acknowledge that it is my responsibility to assess my own risk factors and make a decision regarding whether I can safely enter RCSS facilities or allow my child to participate in RCSS athletics.
- k. I have read and voluntarily signed this Agreement, and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Signature of Parent and/or Legal Guardian _____

Name of RCSS Student _____

Date _____

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) _____

Parent/Legal Custodian Name(s): (please print) _____

Student-Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date



McGriff

2021 / 2022

Accident Insurance Information for Parents

Dear Parents:

The school district has purchased an athletic accident insurance plan for the 2021-2022 school year. This insurance may provide benefits for middle school and high school students who participate in school sponsored athletics. This insurance plan is underwritten by an "A" rated company and is endorsed by the N.C. High School Athletic Association and the N.C. Athletic Directors Association.

This Plan is a Limited Benefit Secondary Policy!

This plan may not pay 100% of the medical bills for a school injury, or even the balance after your primary insurance pays.

This means two things:

1. The benefit categories have maximum amounts that are paid out; and
2. This plan pays after any Primary Insurance your child may have.

Please review the partial list of benefits on the back of this letter.

It is Important to Have and/or Purchase Additional Coverage: Accidents may cause an individual to need extensive medical treatment which can be very costly. Therefore, it's recommended that you **purchase additional insurance**. K&K offers additional insurance online at www.studentinsurance-kk.com. For as little as \$9, you can **double** the benefits!

How to File a Claim for a School Injury:

1. The student **MUST** see a doctor within **60 days** of the injury.
 - This visit should be filed under your Primary Insurance.
 - Request that the provider file to K&K as Secondary Insurer.
2. Obtain a claim form from the school or download at www.studentinsurance-kk.com.
 - Click "**File a Claim**" located under "Quick Services" on the left side of the screen.
 - Download and Print the "Participant Accident" claim form.

A claim cannot be processed without a claim form!
3. Follow the instructions on the claim form. Fill out the claim form **COMPLETELY** and **SIGN IT**. **A school official must also sign the claim form**. Send the completed claim form to the K&K Claims Department **within 90 days of the date of injury**.
 - Email: KK.PAClaims@kandkinsurance.com
 - Fax: 312.381.9077
4. Request the Itemized Forms (Forms UB04, UB92, or CMS 1500) with CPT/Diagnostic Codes from each provider. CPT codes are required for processing. Submit the itemized forms to K&K.
5. When you receive the Explanation of Benefits (EOB's) from your Primary Insurance, forward the EOB(s) to K&K.
6. **Be sure to keep a copy of all paperwork for your records!** Claims Dept. Phone: 800-237-2917

Filing a claim after an injury is YOUR responsibility. Do not assume that the health care provider or a school official will do this for you. Under HIPAA privacy laws, the school nor insurance agent can obtain claim information from an insurance company or health care provider without your written permission.

We are happy to be selected as your insurance agent for the 2021-2022 school year and will do all that we can to be sure that you receive the best possible service. If, at any point, you have a question or need additional information, just call us tollfree 1.800.476.4339. We will be happy to assist you.

Sincerely,

Gail Gray Dan Nunnery Jessica Mishoe



Finance and Budget Division
Todd Lowe, Finance Officer

2222-C South Fayetteville Street
Asheboro, NC 27205
Phone 336.633.5000
Fax 336.633.5155
randolph.k12.nc.us

July 19, 2021

Dear Parents:

If your child participates in athletics in the Randolph County School System, he/she will be covered by the system's All Athletic Insurance Plan. There are definite limits to the athletic insurance coverage. The athletic plan provides only excess coverage. This means that any insurance you have must pay first to the limit of your policy. Only then will the All Athletic Insurance Plan pay. These are limits relative to payment for athletic injuries. Please see the attached sheet listing benefits and limitations of the All Athletic Plan.

It is important to note that the All Athletic Plan covers athletic participation only. If you desire coverage for all school-time activities, you will need to purchase the voluntary school-time insurance available through your school.

Please sign below and return to school prior to the first practice.

I have read and understand the above information about athletic and school-time insurance. I have received and kept the information outlining benefits and exclusions of the All Athletic Plan for my information.

2021-2022 School Year

Sign and Return this Part to Your Coach.

I have received a copy of the listed benefits. I do _____, I do not _____, have other applicable insurance.

My insurance company is: _____

Policy #: _____

Student Name: _____ Date: _____

Parent Name: _____

**RANDOLPH COUNTY SCHOOL SYSTEM PHOTO, VIDEO, AND
SCHOOLWORK RELEASE**

I grant the Randolph County School System (RCSS) the unlimited right to use and/or reproduce photographs, likenesses, videos, or the voice of my child, and any schoolwork or other productions of my child in any legal manner and for the internal or external promotional and informational activities of the Randolph County School System and any individual schools within the Randolph County School System. I understand this release includes the right of the Randolph County School System to publish the above-stated material on the Randolph County School System website, Facebook pages, Intranet Web pages, any and all social media sites, RCSS yearbooks, and in any other RCSS publications, whether in physical print or electronic media, and to release the above-stated materials to news outlets and other media. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s) including, print, electronic and online media.

School Name: _____

Student's Name: _____

Homeroom Teacher: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name (Print): _____

*******Note: This form relates to information not already authorized for disclosure by RCSS Board Policy 4700 Student Records. The Randolph County School System may continue to release directory information of any RCSS student, which includes names and photographs listed in school yearbooks, regardless of whether this form has been completed. Please complete the RCSS Opt-Out form if you wish to ensure that your child's directory information is not released.**



EXHIBIT C

Form Consent/Release of Waiver

Randolph County School System
Randolph Health, Inc.
Randolph Health Athletic Training

CONSENT, RELEASE AND WAIVER

Participant's Full Name

Date of Birth

Name of School

Name of Athletic Program(s)/Team(s)

As a parent or legal guardian of the above named Participant, I hereby give my consent to Randolph Health, Inc. d/b/a Randolph Health Athletic Training (RHAT) to provide sports medicine services to the Participant as part of his/her participation in the above mentioned Program(s) and any other Randolph County School System athletic program that the Participant may participate in from time to time. I understand that RHAT's services may include, but may not be limited to; screenings, physical exams, and athletic trainer services. I grant permission to RHAT's employees, agents or contractors to provide such services to Participant as deemed necessary by RHAT for any athletic injury prevention or treatment. I further grant permission for RHAT employees, agents or contractors to treat Participant for any injury or condition that arises out of Participant's activity in the Program(s).

I understand that RHAT's employees, agents or contractors providing such services may be athletic trainers and may not necessarily be physicians, medical doctors, or nurses. I understand that I retain the right to select the medical provider of my choice to provide health care for Participant at any time. I understand that the services provided by RHAT relate to athletic training services, and are not intended to be a complete medical examination. I further understand that the Program's activities are, by their nature, capable of causing injury to the Participant, and acknowledge that RHAT cannot prevent such injuries from occurring.

I hereby fully release RHAT, and all of RHAT's employees, agents or contractors, from any and all liability associated with the care, treatment, examination, or other health services provided to Participant as part of Participant's participation in the Program(s).

Authority or Relationship of Representative

Signature of Personal Representative / Guardian

Signature of Student

Date



EXHIBIT D

**Form Authorization for Disclosure of Protected Health Information
Randolph Health, Inc. and Randolph Health Athletic Training Authorization
to Disclose Protected Health Information**

Student's Full Name

Date of Birth

Name of School

I authorize Randolph Health, Inc. and Randolph Health Athletic Training (collectively "Providers") to use or disclose Protected Health Information to the following:

The School and any individual involved in the operation of the School's athletic programs in which Student participates, including without limitation coaches, referees, and athletic directors.

For the following purpose(s): To inform the above named individuals of sports health information, including but not limited, to injuries in treatment associated with the student.

Type of information permitted: Verbal or written protected health information related to the above purposes.

I UNDERSTAND THAT:

- The Protected Health Information used or disclosed under this authorization may be subject to redisclosure by the receiver and no longer protected by the Standards for Privacy of Individually Identifiable Health Information.
- I understand that treatment, payment, enrollment in a health plan or eligibility for benefits may not be conditioned on whether I sign this authorization.
- If I have any questions about the disclosure of my Protected Health Information, I can contact the Release of Information staff of Health Information Management Services at Randolph Health (336-625-5151).
- I understand that I may revoke his authorization in writing except to the extent that Providers have previously used or disclosed the Protected Health Information in reliance on this authorization. To revoke this authorization, I understand that I must deliver a signed written statement clearly stating that I revoke this authorization to Health Information Management Services, Randolph Health, 364 White Oak Street, Asheboro, NC 27204.

This authorization expires one year from date of signature or on: N/A

Authority or Relationship of Representative

Signature of Personal Representative / Guardian

Signature of Student

Date