WEST VIRGINIA STATE ATHLETIC COMMISSION

Leon Ramsey	Paul Thornton	Shawn Johnson, D.O.	Tony Figaretti	Vacant
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(304) 462-5744	(304) 481-0772	(304) 392-9878	(304) 243-5625	

HIPAA Compliant Authorization Form Pursuant to 45CFR164.508

Name of specific identification of the person(s) or class of persons authorized to make the requested disclosure:

WEST VIRGINIA ATHLETIC COMMISSION AND ANY OF ITS COMMISSIONERS and/or Representatives, and/or the duly authorized sanctioning body for professional boxing and/or MMA in any of the other United States

NAME: _____ **DATE OF BIRTH:** _____

I authorize the disclosure of all protected information and I expressly request that all covered entities under HIPAA identified above may disclose full and complete protected information within their possession, including permitting them to release and/or discuss the following:

All information of a medical nature which has been supplied to the Commission and as well to permit them to discuss with any and all person all facts and information provided to the Commission and forming a part of the licensing procedures and/or related to my ability to request to engage in a professional unarmed combat match in West Virginia or in any of the other United States, including but not limited to, the following:

All medical records including inpatient, outpatient and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/histories, office and doctors' handwritten notes and records received by other physicians and verbal information received from any medical personnel, including any physicians;

All laboratory, histology, cytology, pathology, radiology, CT scan, MRI, echocardiogram and cardiac catheterization reports;

All radiology films, mammograms, myelograms, CT scans, photographs, bone scans, pathology/cytology/histology/autopsy/immunohistochemistry specimens, cardiac catheterization videos/CDS films/reels, and echocardiogram videos;

All pharmacy/prescription records, including NDC numbers and drug information handouts/monographs;

All billing records including all statements, itemized bills and insurance records; and

All licensing information required by the Commission that regulates or oversees unarmed combat sports.

***Information about alcohol/substance abuse and HIV/AIDS may be disclosed as follows (INITIAL all that apply):**

_____ Yes, disclose HIV/AIDS information _____No, do not disclose HIV/AIDS information.

_____ Yes, disclose Alcohol/Substance Abuse information. _____No, do not disclose Alcohol/Substance Abuse information.

I authorize you to release the protected health information to any and all persons and/or entities, including news media and state athletic commissions upon request.

I acknowledge the right to revoke this authorization by writing to the West Virginia State Athletic Commission. However, I understand that any actions already taken in reliance on this authorization cannot be reversed and any revocation will not affect those actions.

I acknowledge the potential for information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and no longer be protected under **45CFR164.508.**

I understand that the covered entity to which this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign an authorization.

Any facsimile, copy or photocopy of this authorization shall authorize you to release the records herein.

This authorization expires two (2) years from the date below.

By my signature below, I affirm and acknowledge that I have read or had read to me and understand all of the above.

Signature: _____ Date: _____