

# ORANGE HIGH SCHOOL


500 Orange High School Road  
Hillsborough, North Carolina 27278  
#919-732-6133 (x20090)

Earnie Price  
Athletic Director  
#919-732-7253  
Cell #919-883-6547

Parents,

The Orange County Schools has arranged with the Duke University Hospital orthopedic sports medicine program and physical therapy program to provide qualified medical personnel on the sidelines at certain OCS athletic events. The Duke doctors and physical therapists assist in preventing and treating injuries for OCS student athletes at no cost to the school or athlete, and from time to time may consult with the coaches regarding an athlete's readiness to participate or any limitations on the athlete's ability to play. Duke Health System requires the attached form in order to provide authorization for these Duke medical providers to share information with the coaching staff in the event that they need to consult regarding your athlete's health or readiness to play. This consent only applies to the Duke personnel who are contracted by OCS to work with our athletes and only to information related to athletics. As noted on the form, you may revoke this consent at any time. The form is not mandatory; however Duke medical personnel reserve the right not to treat any students who do not have a signed HIPAA consent form on file.

If you have any questions, please contact Emily Gaddy MS, LAT, ATC, PES or Earnie Price.



Emily Gaddy MS, LAT, ATC, PES

**PLEASE READ THE FOLLOWING FORM CAREFULLY  
AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION  
FOR ATHLETES PARTICIPATING IN ORANGE COUNTY SCHOOL ATHLETICS**

Once properly signed, this Authorization will allow for the release of protected health information to Orange County Schools ("OCS") by physicians and health care providers ("providers") rendering services to OCS athletes. The purpose of the release of the protected health information is to allow OCS to determine the advisability of an athlete's participation in OCS athletics. An example would be the release of a screening physical examination.

By signing this Authorization for my son, daughter, or other person for whom I have the legal authority to act (hereinafter referred to as "Athlete"), I hereby authorize health care providers including Duke University, Duke University Health System, Inc., the Private Diagnostic Clinic, PLLC and their respective physicians, providers, employees, and workforce to release to each other and to OCS oral and written medical information relating to the Athlete's medical or physical condition, illness or injury that may have a bearing upon past, present, or future participation in athletics of the OCS. The medical information should be used by the OCS for the purpose of determining the advisability of the Athlete's participation in OCS athletics.

This Authorization is expressly bound by all the following conditions:

- i. This Authorization will automatically expire upon the Athlete's termination of participation or ineligibility in OCS athletics: except to the extent relied upon for disclosures made prior to the automatic expiration.
- ii. This Authorization may be revoked at any time, provided the revocation is a properly executed written document and delivered to the Director of Athletics for OCS. As soon as practicable, OCS shall inform each contracted health care provider of each Athlete's revocation. However, any such revocation shall not affect disclosures made by a health care provider prior to that health care provider's receipt of the revocation from OCS. In addition, such revocation shall not affect disclosures made prior to the receipt of the revocation to the extent that this Authorization was relied upon for such disclosures.
- iii. This Authorization is not intended to alter the Athlete's ability to receive medical care from any health care provider regardless of whether this Authorization is agreed to or refused.
- iv. The athlete and Parent / Guardian will receive a complete copy of the signed Authorization.
- v. A copy of this Authorization and any revocation of it will be kept by both OCS and the health care providers.
- vi. Protected health information released by the health care providers to OCS is not protected by this Authorization from re-disclosure by the OCS.

DATE: \_\_\_\_\_

\_\_\_\_\_  
PARENT / GUARDIAN\* (signed)

\_\_\_\_\_  
(Printed Name) / (Relationship to Athlete)

\_\_\_\_\_  
Athlete's Name (Printed)

\*This Authorization (and any revocation) must be signed by a parent, guardian, or other person acting in loco parentis who has the authority to act on the Athlete's behalf. By signing this form, you as the parent, guardian, or a party acting in loco parentis warrant that you have the legal authority to act on the Athlete's behalf. The signature may only be signed by the Athlete if the Athlete is over 18 years of age or a legally emancipated person.