Please read this entire form before signing. Complete all sections that apply to your decisions regarding disclosure of protected health information.

Player Name: _____

Date of Birth:_____

Legal Name:_____

Street Address:_____

City:_____

State:_____

Zipcode: _____

Country: _____

Phone number:

_____

I, or my authorized representative, acknowledge that the National Beep Baseball Association (NBBA) has provided me a copy of this authorization and has notified

me that:

1. The NBBA Vision Committee requires protected health information in order to determine my eligibility to play as a blind or visually impaired player.
2. The NBBA Vision Committee may receive the protected health information or other confidential information from me or from others (such as health
3. care providers whom I authorize to release this information).
4. My records are protected by federal regulation and/or state law from disclosure.
5. I may refuse to sign this authorization to allow The NBBA Vision Committee access to my protected health information, and that, if I refuse to sign this authorization, I must still provide information about myself to the league for the league to determine my certification as a blind or visually impaired player.
6. Failure to provide information may cause delay in my ability to play as a blind or visually impaired player.
7. I understand that I have the right to revoke this authorization at any time. A valid revocation must be in writing and presented to the National Beep Baseball Association Vision Committee. My revocation of this authorization will not apply to information that has already been released in response to this authorization. This form is valid for one year from the date of signature, or when revoked by the player as described above.

I authorize the release of eye medical information from:

Person or Organization's name:_____

Phone number:_____

I have read this form and agree to the disclosures as described.

Player's Name:_____

Signature:_____

Signature of parent/guardian if appropriate:_____