

**AUTHORIZATION TO DISCLOSE MEDICAL RECORDS
AND DIRECT PAYMENT TO MEDICAL PROVIDERS**

Student-athlete must sign below for AUTHORIZATION TO DISCLOSE MEDICAL RECORDS AND AUTHORIZATION FOR PERSONAL INSURANCE TO MAKE DIRECT PAYMENT TO HEALTH CARE PROVIDERS:

I hereby authorize any insurance company, hospital, physician, or other person who has attended or examined the claimant to disclose, when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, or treatment, and copies of all hospital or medical records.

I HEREBY AUTHORIZE MY PRIVATE INSURANCE COMPANY TO SEND PAYMENT DIRECTLY TO ANY FACILITIES WHERE SERVICES WERE RENDERED.

A photocopy of this authorization shall be considered as effective and as valid as the original.

Signature of Student – Athlete

Date

Signature of Parent/Guardian
(If under 18 years of age)

Date

UNIVERSITY OF NOTRE DAME ATHLETICS MEDICAL PAYMENT POLICY

1. University of Notre Dame will only provide excess insurance coverage to all athletic play/practice related injuries and illnesses. Primary coverage WILL BE THE ATHLETE’S PERSONAL INSURANCE.
2. Since the University of Notre Dame provides athletic health care to its athletes, any unauthorized medical care provided to UND athletes will be the athlete’s responsibility. Authorization for outside medical care may only be obtained through the athletic training staff. (Jim Russ – Head Trainer)
3. In order to facilitate medical payments of athletic injuries, any payments or denials related to athletic health care received from the athlete’s personal insurance company MUST be directly forwarded to:

University of Notre Dame
Jim Russ – Head Trainer
Joyce Center
Notre Dame, IN 46556

4. The University of Notre Dame Athletic Department will only be responsible for athletic medical expenses during the athlete’s eligibility while enrolled at the University of Notre Dame.

I HAVE READ AND UNDERSTAND THE STATED NOTRE DAME ATHLETICS MEDICAL PAYMENT POLICY.

Signature of Student Athlete

Date

Signature of Parent/Guardian (If under 18 years of Age)

Date

WHITE – UNIVERSITY’S COPY/YELLOW – ATHLETE’S COPY