

2013 Authorization for Release of Protected Health Information Form

Each Player is required to sign the 2013 Authorization for Release of Protected Health Information Form before the player is allowed to compete in the 2013 US Open. The form can be submitted in advance or completed on arrival at Player Registration. If you would like to submit the form in advance, please print, sign and return via fax to 914.696.2011 or via e-mail to schobel@usta.com.

Please note that players under the age of 18 will also require the signature of a parent or legal guardian.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires that you, or your legal representative, consent in writing to the disclosure of your protected health information, including your medical records. Please read all statements on this form carefully, as it describes your rights regarding the use or disclosure of your protected health information that is subject to this authorization.

I, the undersigned, authorize any Doctor or Trainer that provides medical treatment to me during my involvement in the US Open to disclose to the US Open Tournament Referee, Grand Slam Supervisor, US Open Tournament Director, US Open Director Player Medical Services, USTA Chief Medical Officer, USTA Legal, and medical personnel from the US Open and the player's respective tour (ATP World Tour or WTA) (collectively, the "Covered Entities") the following protected health information: medical records and/or treatment logs that contain information with respect to any diagnosis, treatment and/or medical services provided to me during my participation in the US Open.

This waiver further authorizes any Doctor or Trainer that provides medical treatment to me during my involvement in the US Open to share my protected health information as follows:

Leave a voice mail recording including my protected health information on my home/business/cell phone:

Yes No

Permit the following individual(s) to receive information on my protected health information:

Print Name

Signature of Applicant

Date

If under 18 years of age, signature of parent or legal guardian

Print Name

Signature of Parent or Legal Guardian

Date