

**PINNACLE SPORTS, LLC
AUTHORIZATION**

This authorization is prepared pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, as amended from time to time (“HIPAA”). This authorization affects you and/or your child’s rights in the privacy of you and/or your child’s protected health information. Please read it carefully before signing. Upon request, Pinnacle Sports, LLC will provide you a copy of this signed authorization.

By signing this authorization, you hereby authorize and permit, on behalf of you and your child, Pinnacle Sports to use and disclose you and/or your child’s protected health information, as listed on you and/or your child’s registration forms, to employees of Pinnacle Sports, LLC and its agents and representatives and any administrators, coaches and supervisors of any leagues or activities operated at or from the Pinnacle Sports Complex. Such disclosure is limited for purposes of providing for the safety and care of participants of leagues or other activities operated at or from the Pinnacle Sports Complex, including you and/or your child. In addition, you hereby authorize Pinnacle Sports, LLC to obtain and collect personal information from your child if voluntarily offered by your child.

Any information used or disclosed under this authorization could be at risk for re-disclosure by the recipient and no longer protected under HIPAA. You acknowledge that you have been provided a copy of and have read and understand Pinnacle Sports Privacy Policy and Pinnacle Sports HIPAA Notice of Privacy Policy. Copies of such Privacy Policy and HIPAA Notice, as amended, are available from Pinnacle Sports at your request. Subject to certain restrictions imposed by HIPAA, you may inspect or copy your protected health information in the designated record set maintained by Pinnacle Sports for as long as it is maintained in the designated record set.

You have the right to revoke this authorization, in writing, at any time, except to the extent that Pinnacle Sports, LLC has taken action in reliance on it. A revocation is effective upon receipt by the privacy officer of Pinnacle Sports, LLC at our address of a written request to revoke and a copy of the executed authorization form to be revoked.

This authorization shall expire upon the earlier occurrence of: (a) revocation of the authorization, (b) a finding by the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights that this authorization is not in compliance with HIPAA, (c) complete satisfaction of the purposes for which this authorization was originally obtained, to be determined in the reasonable discretion of Pinnacle Sports, LLC, or (d) six years from the date this authorization was executed.

Acknowledged and agreed to by:

Signature of Patient or Personal Representative

Nature of Relationship or Authority

Print Name of Patient & Personal Representative

Date

Address: _____

