

**VOLUNTARY AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I \_\_\_\_\_ hereby authorize the Massachusetts State Athletic Commission (MSAC) to release/disclose/share my medical and personal information with respect to my status and licensure as an unarmed combatant to other state or tribal athletic commissions. This information, which is required pursuant to 523 CMR 6.02, includes but is not limited to my physical examinations/reports, blood test results (HIV, Hepatitis B/C), MRI/CT scans and ophthalmological examinations/reports. I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient, and if so, may not be subject to federal or state law protecting its confidentiality.

This authorization shall remain in effect for five years from the date it is signed. I understand that I may cancel/revoke this authorization at any time by sending written notification to MSAC. The cancellation/revocation will not apply to any information already released while the authorization was in effect.

This authorization is intended to satisfy the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Massachusetts Fair Information Practices Act (FIPA) pursuant to M.G.L c. 66A and any other applicable statutes and regulations.

I hereby release MSAC from any and all claims and liabilities that may arise out of the disclosure of my medical and personal information pursuant to this authorization.

I understand that this authorization is **voluntary**. My eligibility to participate in unarmed combat will not be affected by my refusal to sign this authorization.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date