



## **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I hereby request and authorize the ACA to release the results of a COVID-19 detection test administered to me as part of my participation in programs and competitions run by ACA prior to the Tokyo Summer Olympic and Paralympic Games (the “Protected Health Information”).

The following individuals or entities are authorized to receive and use my Protected Health Information on a need-to-know basis:

- (i) ACA
- (ii) United States Olympic & Paralympic Committee (USOPC) employees, staff, contractors or agents;
- (iii) Any athlete participating in a program or competition run by ACA or the USOPC who may have been exposed by me or exposed me to the COVID-19 virus; and
- (iv) Any non-athlete associated with any such program or competition, including any person or entity assisting the ACA or USOPC with contact tracing efforts.

The individuals and entities listed above are authorized to use and disclose my Protected Health Information for the following purposes:

| <b>Class of Persons</b>                                      | <b>Purpose of Use or Disclosure</b>   |
|--|---|
| ACA  | To notify athletes or other individuals I may have come into contact with while contagious with COVID-19. |
| USOPC employees, staff, contractors, or agents               | To notify athletes or other individuals I may have come into contact with while contagious with COVID-19. |
| Any athlete participating in a program or competition run by | To participate and assist with contact tracing efforts to determine whether additional                    |

|   |   |
|---|---|
| ACA or the USOPC who may have been exposed by me or exposed me to the COVID-19 virus  | persons (including athletes) may have been exposed to COVID-19.   |
| Any non-athlete associated with any such program or competition, including any person or entity assisting the ACA or USOPC with contact tracing efforts | <ul style="list-style-type: none"> <li>• To conduct contact tracing efforts to determine whether additional persons (including athletes) may have been exposed to COVID-19.</li> <li>• To notify athletes or other individuals I may have come into contact with while contagious with COVID-19.</li> </ul> |

I understand that if the test result indicates that I am positive for the COVID-19 virus, I will need to follow the guidelines established by ACA or the USOPC to prevent further transmission of the virus. I also understand that, pursuant to the established guidelines, if the test result indicates that I am positive for the COVID-19 virus, I may not be permitted to participate in programs or competitions run by ACA or the USOPC ahead of the Tokyo Olympic and Paralympic Games, including the Olympic and Paralympic Trials and the Tokyo Olympic and Paralympic Games.

I also understand that if I refuse to participate in the ACA COVID-19 testing program, I also will not be permitted to participate in programs or competitions run by ACA or the USOPC ahead of the Tokyo Olympic and Paralympic Games, including the Olympic and Paralympic Trials and the Tokyo Olympic and Paralympic Games.

**Important Information about My Rights**

I have read and understand the following statements about my rights:

- I may revoke this Authorization at any time by notifying GM, High-Performance Programs via email at [rsribar@americancanoe.org](mailto:rsribar@americancanoe.org).
- I understand that my revocation will not have any effect on any actions taken in reliance on this Authorization prior to receipt of the revocation.
- I may review and obtain a signed copy of this form upon requesting a copy.

- I understand that I am not required to sign this Authorization to receive health care benefits (e.g., enrollment, treatment, payment, or eligibility benefits) to which I am otherwise entitled.
- This Authorization must be in effect in order to be eligible to participate in programs or competitions run by ACA or the USOPC ahead of the Tokyo Olympic and Paralympic Games, including the Olympic and Paralympic Trials and the Tokyo Olympic and Paralympic Games.
- The information that is disclosed pursuant to this Authorization will only be re-disclosed to another authorized recipient listed above; however, I understand that information used or disclosed pursuant to this Authorization may be disclosed by the recipient and may no longer be protected under federal or state law.
- This Authorization will remain valid for the remainder of the calendar year after it is signed, unless earlier revoked by me. If an applicable state law requires an expiration date sooner than this date, the expiration date under state law will apply.

**I have read this Authorization, fully understand its terms, and sign it freely and voluntarily without any inducement.**

### **Minor's Parent or Legal Guardian**

**I represent that I am the parent or legal guardian of the above-named minor and that I am not prohibited by a court order or otherwise from consenting to this Authorization on behalf of the above-named minor. I have read this Authorization and fully understand its terms. I sign this Authorization freely and voluntarily without any inducement.**