

NFL

CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

BASELINE ASSESSMENT PROGRAM HIPAA AUTHORIZATION FORM

You must complete and sign this Form if you are a **Retired NFL Football Player** or the **Representative Claimant** of a Retired NFL Football Player and want to participate in the Baseline Assessment Program (the "BAP"). This Form authorizes the use and disclosure of "Protected Health Information" as that term is defined in 45 C.F.R. § 160.103, relating to your participation in the BAP. Protected Health Information includes, but is not limited to, information regarding the Retired NFL Football Player's medical care, treatment, physical or mental condition, and medical expenses.

Complete and sign this Authorization and submit it to the BAP Administrator.

The capitalized terms not defined in this form are defined in the Settlement Agreement, which is available at www.nflconcussionsettlement.com or by calling toll free (855) 887-3485.

You should retain a copy of all materials submitted to the BAP Administrator.

BASELINE ASSESSMENT PROGRAM HIPAA AUTHORIZATION FORM

VI. HOW TO SUBMIT THIS FORM

You may submit this Form in one of two ways:

By U.S. Mail:	NFL Class Action Settlement BAP Administrator P.O. Box 25369 Richmond, VA 23260
By Delivery	NFL Class Action Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231