

# 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](http://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**

3. Any Protected Health Information or other information released to the Claims Administrator, Special Master, BAP Administrator, Lien Resolution Administrator, Qualified BAP Providers, Qualified BAP Pharmacy Vendors, Qualified MAF Physicians, Appeals Advisory Panel members, Appeals Advisory Panel Consultants, the Court, Class Counsel, Counsel for the NFL Parties, and the NFL Parties (including the NFL Parties’ insurers or reinsurers) may be subject to re-disclosure by such person/entity, and may no longer be protected by applicable federal and state privacy laws. Each of those persons and entities, however, is permitted to use and disclose your information only in accordance with this Form, the Settlement Agreement, a contract executed pursuant to the Settlement Agreement, orders of the Court, and/or applicable law.
4. My Protected Health Information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (“AIDS”), or human immunodeficiency virus (“HIV”), behavioral or mental health services and treatment for alcohol and drug abuse.
5. This Form is valid from the date of my signature in Section V and expires on December 31, 2032.
6. I have a right to receive and retain a copy of this Form.
7. Any photostatic copy of this Form shall have the same authority as the original, and may be substituted in its place.

**IV. CONSENT TO PARTICIPATE IN RESEARCH**

By checking this box, the Retired NFL Football Player elects to provide his medical records (and, as such, his Protected Health Information) for use in connection with medical research into cognitive impairment and safety and injury prevention with respect to football players pursuant to Section 5.10(a) of the Settlement Agreement. Any personally identifying information concerning the Retired NFL Football Player will be redacted from medical records or information provided pursuant to this consent in accordance with the standards set forth in 45 C.F.R. § 164.514(a)-(b).

**V. SIGNATURE**

The Retired NFL Football Player or Representative Claimant of the Retired NFL Football Player named in Section I must sign and date this Form below. **By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this HIPAA Authorization Form is true and correct to the best of my knowledge, information and belief.**

<b>Signature</b>		<b>Date</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> / </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> / </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td colspan="10" style="border: none; text-align: center;">(Month/Day/Year)</td> </tr> </table>					/			/					(Month/Day/Year)									
		/			/																				
(Month/Day/Year)																									
<b>Printed Name</b>	First	M.I.	Last			Suffix																			
If you are signing this Form as a Representative Claimant, describe your relationship to the Retired NFL Football Player and your authority to act on his behalf:																									

**BASELINE ASSESSMENT PROGRAM HIPAA AUTHORIZATION FORM**

**VI. HOW TO SUBMIT THIS FORM**

You may submit this Form in one of two ways:

<b>By U.S. Mail</b>	NFL Class Action Settlement BAP Administrator 600 Vine St., Suite 2006 Cincinnati, OH 45202
<b>By Delivery</b>	NFL Class Action Settlement BAP Administrator 600 Vine St., Suite 2006 Cincinnati, OH 45202