



AUTHORIZATION FOR CONSENT AND USE OF PROTECTED HEALTH INFORMATION (PHI)

SECRETARY OF STATE

SFN 62213 (10-2022)

For Office Use Only

Commission of Combative Sports
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone: (701) 328-3664
Toll-Free: (800) 352-0867, option 3
Fax: (701) 328-1690
Website: sos.nd.gov
Email: combativesports@nd.gov

Contestant's name	Contestant's federal ID number (boxing) or national ID number (mixed fighting style)
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I hereby voluntarily consent to release, disclose, and furnish to the North Dakota Commission of Combative Sports any and all of my protected health information (PHI) concerning my licensure as a boxer or mixed fighting style contestant, including annual physical examinations; ophthalmological examinations; neurological examinations; tests for the HIV virus, Hepatitis B virus, and Hepatitis C virus/antibody; drug testing; hospital records; and any other information regarding conditions related to the propriety of my licensure as a boxer or mixed fighting style contestant (including history, findings, diagnosis, and prognosis).

I understand, and agree, that I can revoke this authorization by providing a written notice of revocation. The written notice must be sent to the North Dakota Commission of Combative Sports.

I understand, and agree, that the PHI described herein will not be released for any purpose other than for the purpose of a member commission affiliated with the Association of Boxing Commissions determining my eligibility to participate in a boxing or mixed fighting style contest.

I understand, and agree, that this authorization is relevant to all PHI described herein whether such records were created prior to, or subsequent to, the date this authorization is signed.

I understand that this PHI release authorization will remain in effect until December 31 of the current calendar year.

Contestant's signature	Date
Commission of Combative Sports representative's signature	Date

Additional Release of Information (if any)

I agree that the PHI described above may also be released by the North Dakota Commission of Combative Sports to the following person / facility. This authorization will remain in effect until December 31 of the current calendar year.

Name / facility		Telephone number	
Address	City	State	ZIP code
Contestant's signature		Date	
Commission of Combative Sports representative's signature		Date	