

Appendix G

(To be distributed by the Department of Athletics Compliance Office when filing a waiver with the ACC.)

ACC Atlantic Coast Conference
Administered Waivers

Institution: _____ Student-Athlete: _____

Date: _____ Sport: _____

Medical Hardship (NCAA bylaw 12.8.4)
(Medical Hardship Waivers should be submitted during the academic year in which the injury occurred).

Year Hardship Requested: _____ **Date of Injury:** _____

1. The following must be attached before the waiver will be reviewed by the Conference Office:

- Letter signed by the treating physician that includes the diagnosis of injury/illness and confirms that the student athlete was incapacitated and unable to compete for the remainder of that season.
- Contemporaneous medical documentation (e.g., doctor's or training room notes) to substantiate dates and length of injury/illness described in the physician's letter.
- Complete schedule of contests/dates of competition as set prior to first competition.
- Results or proof of participation confirming that the student-athlete competed in less than 3 contest or 30% of the team's scheduled contests/dates of competition and that the student-athlete did not compete in the second half of the season.
- Completed calendar used in determining first half of the season calculation *(Individual sports only)*.
- Signed HIPPA Form

2. Complete the following chart for team sports:

Total number of scheduled events	Date of last contest SA competed	Last contest date of first half of season	Total contests SA competed	30% of team's scheduled events or dates of competition

3. Complete the following chart for individual sports:

Max. number of contests per Bylaw 17	First contest ANY SA Completed	Last contest ANY SA competed	Total number of days in season	First Contest in 2 nd half of season
30% of Contests				

4. **All contest(s)/date(s) of competition student-athlete competed during the hardship season:**

Medical Absence Waiver [NCAA Bylaw 14.4.3.7-(a)]

- Credit hours are to be prorated at 12 units per term of actual attendance (enrolled prior to 8/1/03).
- Credit hours are to be prorated at 9 units per term of actual attendance (enrolled on or after 8/1/03).
- Attached is appropriate medical documentation.
- Unofficial transcript reflecting withdrawal from classes.

International Competition Waiver 14.4.3.7-(b)

Student-athlete was unable to enroll in or complete term(s) as a result of participation in approved international competition? Yes No

Name of international event: _____

- Attached is documentation of chronology of competition and term(s) missed.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION

I authorize any physician, team doctor, or other health care provider who is affiliated with my university and from whom I have received health care treatment to disclose the following health information to a Faculty Representative or other authorized representative of the Atlantic Coast Conference:

All information contained in any of my medical, psychiatric, psychological or other health care services records, including, but not limited to, any treatment records, notes, charts, summaries, reports, diagnoses, films, photographs, x-rays, sketches, diagnostic information, prescriptions, reports to or from third parties relating to my treatment in any way, and dates of service.

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndromes (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

This health information may be disclosed to and used by the Atlantic Coast Conference for the purposes of determining my eligibility as a student-athlete under National Collegiate Athletic Association (NCAA) guidelines and for processing and considering my petition for waivers of Atlantic Coast Conference rules and NCAA waivers delegated to the Atlantic Coast Conference to administer.

This authorization shall be in force and effect until the completion of my eligibility as a student-athlete as determined under Atlantic Coast Conference rules and NCAA guidelines, at which time this authorization will expire.

I understand that I have the right to revoke this authorization, in writing, at any time by sending my written revocation to the Commissioner of the Atlantic Coast Conference and to the specific physician, team doctor or other health care provider who is affiliated with my university and from whom I have received health care treatment. I understand that the revocation will not apply to information that has already been released in response to this authorization and that my revocation of this authorization may, depending on the circumstances of the revocation, prevent me from obtaining a waiver of Atlantic Coast Conference or NCAA rules.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I also understand that the disclosure of this health information carries with it the potential for re-disclosure by the Atlantic Coast Conference or other recipients and may no longer be protected by federal or state law. However, I also understand that if I refuse to sign this authorization, my petition for waiver will not be processed.

Student-Athlete

Date

Institutional Certification: The appropriate undersigned individual certifies that the information set forth is accurate and the requirements of the appropriate NCAA bylaw have been met:

Athletics Director (or designee)

Date

Faculty Athletics Representative

Date

Submit signed form and all required documentation to:
Kelly Campbell, Director of Compliance
Fax: 336-369-0065