纽约州
州务院(Department of State)
州竞技委员会(State Athletic Commission)
123 William Street
New York, NY 10038-3804
电话： (212) 417-5700
www.dos.ny.gov/athletic

NEW YORK STATE OF OPPORTUNITY. | New York State Athletic Commission

APPLICATION FOR PROFESSIONAL BOXER LICENSE
申请职业拳击手执照

***Read** the instructions carefully before completing the application. Incomplete applications will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application or supporting documentation may be deemed sufficient reason to deny a license, or, if a license is issued could result in the suspension or revocation of a license.*
*请**仔细**阅读以下说明后再填写申请表。信息不完整的申请表将被退回，延误执照的颁发。申请或支持文件如有任何疏漏、不准确或信息不全，均可视为拒发执照的充分理由，如果执照已颁发，则可能导致撤销或暂时吊销执照。*

What is a Professional Boxer?
什么是职业拳击手？

New York State law (Title 25 of the Unconsolidated Laws) defines a professional boxer as: "one who competes for a money prize or teaches or pursues or assists in the practice of boxing as a means of obtaining a livelihood or pecuniary gain… ."(NY Uncon. § 8907)
纽约州法律（"未列入统一法典的法规"(Unconsolidated Laws) 第 25 章）将职业拳击手定义为："将赢取拳击赛奖金或者教授、从事或协助拳击职业作为生活或收益来源的人…。"
(NY Uncon. § 8907)

What is the fee and term for a Professional Boxer?
申请成为职业拳击手有哪些费用和条件？

The application fee for a Professional Boxing license is $10.00 and is valid until September 30th of the year which the license is granted.
The application fee for a Professional Boxing permit is $20.00 and is only valid for one contest.
职业拳击执照的申请费为 10.00 美元，有效期到执照颁发年度的 9 月 30 日。
职业拳击手许可证的申请费为 20.00 美元，只对一次比赛有效。

When can I apply for a license?
何时可以申请执照？

In order to be granted a license you must first be scheduled to appear on a professional boxing card and pass rigorous medical exams, accordingly, you should not submit this application until you have been conditionally approved to box by the Commission.
要想获颁执照，必须先登记职业拳击卡，并且通过严格的医学检查，因此，在委员会确认您符合从事拳击的条件之前，不要提交此申请。

Child Support Statement section of the application
申请的"子女抚养声明"部分

The Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation.
无论您是否有子女或任何抚养义务，纽约州（一般义务法）都要求签署"子女抚养声明"。

Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended.
任何人拖欠子女抚养费达到四个月或以上，其商务、职业和驾驶执照可能被暂时吊销。

The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a Class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.
为避开抚养义务法律而故意提交虚假书面声明将遭受刑法 §175.35 的处罚。向当地或州政府提交有欺诈意图的虚假文书属于 E 类重罪。

PRIVACY NOTIFICATION
隐私通知

Do I need to provide my Social Security number on the application?
申请时是否需要提供我的社会安全号码？

Yes. The State Athletic Commission is required to collect the Social Security numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no

number is provided. The authority to request this information is also provided by 19 NYCRR § 207.7(a)(1). This information will be maintained in the Licensing Information System by the Commission, at 123 William Street, New York, NY 10038-3804.

是的。纽约州竞技委员会需要收集所有执照持有者的社会安全号码。要求和维护此类个人信息的机构请见“税法”(Tax Law) 的 §5 和“一般义务法”(General Obligations Law) 的 §3-503。您必须披露此信息。收集此信息是为了让税务和财政部门识别在纳税申报中有不良记录或者对其纳税义务估计不足的个人、企业及其他身份，以及一般性识别受税务和财政专员所管理的税收影响的个人。它将用于税务管理以及税法授权的任何其他目的，也可能被儿童抚养执行机构或者本州或其他州根据“社会安全法”(Social Security Act) 第 IV-D 章授权的代表用来制定、修改或执行抚养命令，但不可公开。未提供社会安全号码时，需要做出书面说明。要求此信息机构的权限也根据
19 NYCRR §207.7(a)(1) 提供。此信息将保持在委员会的许可信息系统（地址为 123 William Street, New York, NY 10038-3804）中。

Do I need to be fingerprinted to be a licensed boxer?

成为职业拳击手是否需要采指纹？

Yes, to be a licensed professional boxer you must be fingerprinted (NY Unconsolidated Laws § 8911). Your application cannot be approved until your fingerprint results have been returned to the Commission.

是的，要成为执业的职业拳击手，必须采指纹（纽约未列入统一法典的法规 §8911）。在您的指纹结果传回委员会之前，无法审批您的申请。

PLEASE TAKE NOTICE THAT SUBMITTING THIS APPLICATION DOES NOT GUARANTEE YOU WILL BE AUTHORIZED TO ENGAGE IN A PROFESSIONAL BOXING CONTEST.

请注意，提交此申请并不能保证您将获得参加职业拳击比赛的授权。

PLEASE DO NOT RETURN THIS COVER PAGE WITH YOUR APPLICATION. - THANK YOU -

请不要随您的申请送回此封面页。– 谢谢 –

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APPLICATION FOR PROFESSIONAL BOXER LICENSE
申请职业拳击手执照

PART A
A 部分

Read the instructions before completing this application.
请阅读说明后再填写此申请。
You must answer each question and PRINT responses in ink.
必须回答每个问题，并且用墨水以正楷回答。

APPLICANT'S NAME 申请人姓名	LAST 姓氏	FIRST 名字	MI 中名首字母	SUFFIX 后缀

APPLICANT'S HOME ADDRESS — NUMBER AND STREET (P.O. BOX MAY BE ADDED TO ENSURE DELIVERY)
申请人住宅地址 — 街道和门牌号（可以加上邮政信箱以确保文件准确送达）

CITY 城市	STATE 州	ZIP + 4 邮编 + 4

COUNTY 县	COUNTRY 国家

SOCIAL SECURITY NUMBER (See Privacy Notification) 社会安全号码（参阅"隐私通知"）	DATE OF BIRTH (month, day, year) 出生日期（月、日、年）	DAYTIME PHONE (REQUIRED; if problem with application) 白天电话（必填，以便申请有问题时联系）

E-MAIL ADDRESS (REQUIRED)
电子邮箱（必填）

Background Information — *You must complete this section. If you do not complete it, your application will be returned.*
背景信息 — *此部分必填，否则申请将被退回。*

1) Have you ever been issued either a New York State Professional Boxing License or Permit?
您是否曾经获颁纽约州职业拳击执照或许可证？
Yes ☐ **No** ☐ **➔IF "YES,"** check appropriate box: License Permit
是 否 ➔如果"是"，请勾选相应的框： 执照 许可证

2) Have you ever been convicted in this state or elsewhere of **any** criminal offense that is a misdemeanor or felony?
您在本州或其他任何地方是否曾有轻微或重大犯罪行为？
Yes ☐ **No** ☐ **➔IF "YES,"** provide an explanation.
是 否 ➔如果"是"，请做出解释。

3) Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?
本州或其他地方的任何法院是否有针对您的任何未决刑事起诉（轻微或重大）？
Yes ☐ **No** ☐ **➔IF "YES,"** provide an explanation.
是 否 ➔如果"是"，请做出解释。

4) Has **any** (not limited to boxing) license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied?
纽约州或其他地方是否曾经撤销、暂时吊销向您或者您代表或作为负责人的公司所颁发的任何（不限于拳击）执照或许可证，或者拒绝向您颁发此类执照或许可证？
Yes ☐ **No** ☐ **➔IF "YES,"** provide an explanation.
是 否 ➔如果"是"，请做出解释。

APPLICATION FOR PROFESSIONAL BOXER LICENSE
申请职业拳击手执照

Child Support Statement
子女抚养声明

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

通过签署本申请，我特此证明，从本申请日期起，我没有支付子女抚养费的义务，**或者**，虽然我有支付子女抚养费的义务，但我没有拖欠子女抚养费达四个月或以上；或者，我通过收入执行或法院协定的支付或还款计划或者双方商定的计划支付子女抚养费；或者，我的子女抚养义务正在法院诉讼程序中；或者，我目前在领取公共救助或社会安全生活补助金。

Professional Boxing Information
职业拳击信息

You must complete this section. If you do not complete it, your application will be returned.
此部分必填，否则申请将被退回。

1. Normal boxing weight: .....
   正常拳击体重等级：
2. Height: .....
   高度：
3. Ring name (if applicable): .....
   台上绰号（如果适用）：
4. Distinguishing marks: …….....
   特别标志：
5. Have you ever been disqualified in any contest or disciplined by the State Athletic Commission of New York or by any other Athletic Commission for any cause whatsoever?
   您是否曾经因任何原因而被纽约州竞技委员会或任何其他竞技委员会取消任何比赛资格或给予纪律处分？
   Yes ☐ **No** ☐ **➔IF "YES,"** (If yes on a separate sheet of paper please provide a detailed explanation).
   是 否 **➔如果"是"**，请另外用一张纸详细说明。
6. At what gym are you currently training? (provide name, address and phone number of gym):
   您目前在哪个体育馆训练？（提供体育馆的名称、地址和电话号码）：
   ..……
7. Manager's name (if applicable): …….....
   经理姓名（如果适用）：
8. Manager's address and telephone: …….....
   经理的住址和电话号码：
9. Name of trainer (if applicable): ……...
   教练姓名（如果适用）：
10. Name of Promoter (if applicable): ……..…
    承办人姓名（如果适用）：

Applicant Affirmation - I subscribe and affirm under the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me, and to the best of my knowledge and belief, are true and correct. I understand that any misstatement made on this application for approval could result in disciplinary action, including but not limited to: suspension, revocation and/or fines.

申请人证词 - 我签署并证实，本申请中的声明（包括任何随附纸张中的声明）已经过本人检查，据本人所知和所信真实而正确，如有虚假愿受伪证罪处罚。我了解，为通过审批而在本申请中做出任何虚拟声明可能招致处罚，包括但不限于：暂时吊销、撤销执照和/或罚款。

"HEALTH AND SAFETY DISCLOSURE"
"健康和安全信息披露"

As per the Muhammad Ali Boxing Reform Act (15 USC § 6305[c] [2000]), it is the sense of Congress that each boxing commission should present to every professional boxer a health and safety disclosure upon issuance of a Federal Identification Card. In addition to such disclosure, the New York State Athletic Commission believes that it is in the best interest of boxing to include a health and safety disclosure with every professional boxer license application filed in the State of New York.
根据《默罕默德·阿里拳击改革法案》**(Muhammad Ali Boxing Reform Act) (15 USC § 6305[c] [2000])**，国会认为每个拳击委员会在颁发联邦身份证时应要求每个职业拳击手披露健康和安全信息。除了这种披露之外，纽约州竞技委员会还认为，要求每个向纽约州申请执照的职业拳击手披露健康和安全信息也符合拳击的最大利益。

As a professional boxer you should be aware that this sport includes many health and safety risks, including but not limited to the risk of brain injury. Therefore, is it strongly recommended that every professional boxer periodically undergo the necessary medical exams and procedures that detect brain injury. In connection with this license application, certain specific medical exams and procedures intended to detect brain injury and other medical conditions contraindicated for professional boxing may be required by the State Athletic Commission. If you need further information about these exams, please contact the New York State Athletic Commission.
作为职业拳击手，您应该了解，这项运动有许多健康和安全风险，包括但不限于脑损伤风险。因此，强烈建议每个职业拳击手定期做必要的医学检查和脑损伤检查程序。在申请执照时，纽约州竞技委员会可能要求做一些旨在检查脑损伤及不适合从事职业拳击的其他身体疾病的特定医学检查和程序。如果您需要这些检查的进一步信息，请联系纽约州竞技委员会。

I affirm that I understand the above statement.
我证实我理解上述声明。

X _____ _____

Boxer's Signature *Date:*
拳击手签名 *日期:*

FOR COMMISSION USE ONLY:
委员会专用：

License Number: _____
执照编号：

New York State Athletic Commission

PART B
B 部分

Boxer Medical Releases and Disclosure Sections-
拳击手个人健康状况和信息披露部分–

(Information provided in Part B will be maintained in each boxer's medical file)
（在 **B** 部分提供的信息将保留在每个拳击手的医疗档案中）

NEW YORK STATE ATHLETIC COMMISSION
DRUG ABUSE AND STEROID POLICY
纽约州竞技委员会的药物滥用和类固醇政策

I. The New York State Athletic Commission (NYSAC) requires that every boxer, as part of his/her medical examination, submit to drug and/or steroid screening in a manner directed by the NYSAC. In addition, NYSAC reserves the right to direct any licensed Boxer to submit to drug and/or steroid screening at any time during the period of licensure without prior notice to the Boxer, in accordance with NY Unconsolidated Laws § 8925[3].
纽约州竞技委员会 **(New York State Athletic Commission, NYSAC)** 要求每个拳击手在医学检查中按照 **NYSAC** 规定的方式做药物和/或类固醇筛查。此外，**NYSAC** 有权利根据纽约未列入统一法典的法规 **§ 8925[3]**，在不事先通知拳击手的情况下，要求任何已获得执照的拳击手在执照有效期的任何时间做药物和/或类固醇筛查。

II. Use of controlled substances, as defined by the New York Penal Law and Public Health Law, are forbidden and may lead disciplinary action, including but not limited to: suspension, revocation, forfeiture of purse, modification of a boxing result and/or fines. Such penalties may be imposed upon any licensee or permit holder responsible for the abuse of such drugs and/or illicit substances as determined by NYSAC.
禁止使用纽约刑法和公共健康法规定的控制药物，否则可能招致处罚，包括但不限于：暂时吊销或撤销执照、禁止从事拳击活动、修改拳击比赛结果和/或罚款。经 **NYSAC** 裁定对滥用此类药物和/或违禁药物负有责任的任何执照或许可证持有人都可能遭受这些处罚。

III. If any prohibited drugs and/or substances are detected such boxer may be precluded from boxing within the State and have the results of any such previous bout modified to a "no contest."
如果查出拳击手使用任何违禁药物和/或物质，该拳击手可能会被禁止参加纽约州拳击活动，其之前的所有拳击比赛结果可能改为"未参赛"。

IV. In addition to any administrative penalties, any boxer testing positive for a violation of NYSAC's drug abuse and steroid policy shall be suspended medically and may not compete in this State or elsewhere until the boxer has been medically cleared by NYSAC's medical staff.
除了行政处罚之外，因检查结果呈阳性而违反 **NYSAC** 药物滥用和类固醇政策的任何拳击手将在医学上暂停从事拳击活动，在被 **NYSAC** 医疗人员清除相关医学记录之前，该拳击手不能参加本州或其他地方的比赛。

V. The boxer acknowledges and understands that NYSAC will vigorously enforce and seek appropriate sanctions for any violations of this policy.
拳击手承认并了解，**NYSAC** 将会对违反本政策的任何行为严厉执行和寻求适当的制裁措施。

Boxer Affirmation – By my signature below I hereby subscribe and affirm under the penalties of perjury that I have reviewed the foregoing policy on prohibited drugs and/or illicit substances, that I

agree to the terms described therein and that I am not currently using or otherwise under the influence of any prohibited drugs and/or illicit substances.
拳击手证实 – 通过下面的签名，我特此签署并证实，我已经阅读上述关于违禁药物和/或物质的政策，并且同意其中的条款，我目前也没有使用任何违禁药物和/或物质或受其影响，如有虚假愿受伪证罪处罚。

Boxer Name: _____
拳击手姓名：

Boxer Signature: _____
拳击手签名：

Date: _____
日期：

-This section intentionally left blank-
-以下部分特意留白-

New York State Athletic Commission

MEDICAL INFORMATION RELEASE

医学信息披露

AUTHORIZATION TO DISTRIBUTE MEDICAL INFORMATION TO ALL MEMBER COMMISSIONS AFFILIATED WITH THE ASSOCIATION OF BOXING COMMISSIONS (ABC)

授权向拳击委员会协会 **(ASSOCIATION OF BOXING COMMISSIONS, ABC)** 的所有附属成员委员会分发医学信息

I, hereby authorize the New York State Athletic Commission to release, disclose and furnish to any other commission or program affiliated with the Association of Boxing Commissions (ABC), including its official record keeper, any and all of my medical records obtained by the New York State Athletic Commission concerning my licensure as a boxer including, but not limited to, annual physical examinations, ophthalmological examinations, neurological examinations, negative tests for the HIV virus, Hepatitis B virus, and Hepatitis C virus, drug testing, hospital records, and any other information regarding conditions related to the propriety of my licensure as a boxer (including history, findings, diagnosis and prognosis).

我特此授权纽约州竞技委员会向拳击委员会协会 **(ABC)** 的任何其他附属委员会或计划（包括其官方记录保管机构）发布、披露和提供纽约州竞技委员会获取的有关我作为拳击手执照持有人的任何及所有医疗记录，包括但不限于年度体检、眼科检查、神经学检查、**HIV** 病毒阴性测试、乙型肝炎病毒阴性测试、丙型肝炎病毒阴性测试、药物检测、住院记录，以及与我作为拳击手执照持有人所适用的任何其他疾病相关信息（包括病历、检查结果、诊断和预后）。

I understand, and it is agreed, that the signing of this Medical Information Release is optional, and that my declining to sign this document will not result in any adverse action being taken against me by the New York State Athletic Commission or any of the member commissions affiliated with the ABC.

我了解并且同意，签署此**“医疗信息披露”是**选择性的，我拒绝签署此文档不会导致纽约州竞技委员会或 **ABC** 的任何附属成员委员会对我采取任何不利措施。

I understand, and it is agreed, that the medical records described herein will not be released for any purpose other than for the purpose of a member commission affiliated with the ABC determining my eligibility to participate in a boxing.

我了解并同意，这里所述的医疗记录不会出于 **ABC** 附属成员委员会决定我是否符合从事拳击职业以外的任何目的而披露。

I understand, and it is agreed, that this authorization shall remain in effect for a period of one year from the date it is signed, and is relevant to all medical records described herein whether such records were created prior to, or subsequent to, the date the authorization is signed.

我了解并同意，本授权自签署日期起一年内有效，并且与本文件所述的所有医疗记录相关，无论这些记录创建于授权签署日期之前还是之后。

PRINTED NAME OF BOXER 拳击手正楷姓名	**BOXER'S FEDERAL I.D. #** 拳击手联邦身份证号
SIGNATURE OF BOXER 拳击手签名	**DATE SIGNED** 签署日期

-This section intentionally left blank-

-以下部分特意留白-

New York State Athletic Commission

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA
授权根据 HIPAA 披露健康信息

Patient Name 患者姓名	Date of Birth 出生日期	Social Security Number 社会安全号码
Patient Address 患者地址		Patient Telephone Number 患者电话号码

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:
In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:
我或我的授权代表要求按以下方式披露我的护理和治疗相关健康信息：
根据纽约州法律和 1996 年健康保险携带和责任法案 (Health Insurance Portability and Accountability Act, HIPAA) 的隐私规定，我了解：

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT,** except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
本授权可能包括披露与**酒精和药物滥用、心理健康治疗**（心理治疗笔记除外）以及**机密 HIV* 相关信息**（仅当我在第 9(a) 项的相关行中签名时）相关的信息。如果下述健康信息包括这类信息，并且我已在第 9(a) 项的相关行中签名，即表示我特别授权向第 8 项中所列的人员披露这类信息。

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that 1 have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (718) 741-8400 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
如果我授权披露 HIV 相关、酒精或药物治疗、心理健康治疗信息，除非联邦或州法律允许，否则未经我的授权，信息接收者不得再披露这些信息。我了解，我有权利要求获得一份可能未经授权而接收或使用本人 HIV 相关信息的人员名单。如果我遇到因披露 HIV 相关信息而产生的歧视，我可通过 (718) 741-8400 联系纽约州人权处 (New York State Division of Human Rights)，或通过 (212) 306-7450 联系纽约市人权委员会 (New York City Commission of Human Rights)。这些机构负责保护我的权利。

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
我有权随时向下列医疗护理提供方书面撤回本授权。我了解，除了已根据本授权采取的行动之外，我可以撤回本授权。

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
我了解，签署本授权纯属自愿。我在医疗计划中的治疗、付款、登记或者享受福利的资格不受我是否签署本披露声明的影响。

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
依据本授权披露的信息可能被信息接收者再披露（上面第 2 项所述除外），并且这种再披露不再受联邦或州法律的保护。

6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).
本授权并未授权您与第 9 (b) 项中指定的律师或政府机构以外的任何其他人讨论我的健康信息或医疗护理。

7. Name and address of health provider or entity to release this information:
披露此信息的健康提供方或实体的名称和地址：

8. Name and address of person(s) or category of person to whom this information will be sent:
接收此信息的人员姓名和地址或人员类别：

New York State Athletic Commission, 123 William St., New York, NY 10038

9(a). Specific information to be released:
要披露的具体信息：

☐ Medical Record from (insert date)_____ to (insert date)_____
从 (插入日期) 到 (插入日期) 的病历

☑ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
整个医疗记录，包括病史、医院记录（心理治疗记录除外）、检测结果、放射检测、成像、转诊、咨询、帐单记录、保险记录以及其他医疗护理提供方发送给您的记录。

☐ Other:_____
其他：
_____

Include: (Indicate by Initialing)
包括：（姓名缩写签名指定）

_____ **Alcohol/Drug Treatment**
酒精/药物治疗

_____ **Mental Health Information**
心理健康信息

_____ **HIV-Related Information**
HIV 相关的信息

Authorization to Discuss Health Information
授权讨论健康信息

(b) ☑ By initialing here _____ I authorize _____
通过此处的姓名缩写签名 我授权
Initials 姓名缩写签名 Name of individual health care provider 个别医疗护理提供方的名称

to discuss my health information with my attorney, or a governmental agency, listed here:
与下列我的律师或政府机构讨论我的健康信息：

New York State Athletic Commission
(Attorney/Firm Name or Governmental Agency Name)
（律师/律师事务所名称或政府机构名称）

10. Reason for release of information:
披露信息的原因：

☑ At request of individual
应个人要求

☐ Other:
其他：

11. Date or event on which this authorization will expire:
本授权到期的日期或事件：

One year from this date
自本日起一年

12. If not the patient, name of person signing form:
如非患者本人，签署此表格人员的姓名：

N/A

13. Authority to sign on behalf of patient:
代表患者签名的授权：

N/A

All items on this form have been completed and my questions about this form have been answered in addition, I have been provided a copy of the form.
此表格中所有项目都已填写，我关于此表格的问题也已得到解答，此外，我获得了表格的副本。

_____ Date: _____
(Signature of patient or representative authorized by law) 日期：
（患者或法律授权的代表签名）

*** Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**
* 导致艾滋病 (AIDS) 的人类免疫缺陷病毒。纽约州公共卫生法保护能够合理识别某人有 HIV 症状或感染的信息，以及个人联系人的相关信息。