

UNT Authorization for Treatment

In the event I am unconscious or otherwise unable to communicate my wishes, I hereby grant permission to any licensed medical professional to provide necessary medical treatment (including diagnostic procedures, surgical procedures, and blood transfusions) to me while I am participating in the University of North Texas (UNT) study abroad program. I grant permission to UNT officials, or other officials appointed by UNT, to arrange for necessary routine or emergency medical or dental care and treatment while I am participating in the UNT Study Abroad Program, if I am unable to do so myself, at my sole expense. If my condition so requires, I further authorize UNT officials, or other officials appointed by UNT, to disclose protected health information and educational records subject to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational and Privacy Rights Act (FERPA) to licensed medical professionals. A print version of this authorization will accompany the program leader(s) during the study abroad program to be used as consent for medical care as needed.

SAMPLE