

VEREEN
REHABILITATION CENTER

SPORTS MEDICINE

Student-Athlete Authorization/Consent for Disclosure of Protected Health Information

I hereby authorize the physicians, athletic trainers, and other health care personnel representing Vereen Rehabilitation Center to release and/or obtain information regarding my protected health information and any related information regarding any injury or illness during my training for and participation in secondary school athletics. This protected health information may concern my medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, parents/guardians, hospitals and/or medical clinics, laboratories, athletic coaches, medical insurance coordinators, insurance carriers, medical supply vendors and/or service companies, athletic and/or school administrators, and academic counselors.

I understand that my protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that once information is disclosed per my authorization/consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment.

I understand that I may revoke this authorization/consent at any time by notifying in writing the Certified Athletic Trainer, but if I do, it will not have any effect on actions Vereen Rehabilitation Center took in reliance on this authorization/consent prior to receiving the revocation.

Student-Athlete Signature

Date

Student-Athlete Name (Printed)

Social Security #

Date of Birth

Parent/Guardian Signature (if under 18 years of age)

Date

Parent/Guardian Name (Print)