

**Disclosure of Protected Health Information
And Consent for Treatment**

I hereby authorize the athletic trainers, sports medicine staff and other health care personnel working with _____ School to release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's training for and participation in athletics at that school. I further understand that it is at my request to comply with the requirements of his/her school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete's 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, hospital and/or medical clinics and laboratories, athletic coaches, medical insurance coordinators, athletic and /or school administrators, chaplains and/or clergy members, officials of the Alabama High School Athletic Association and the Alabama Independent School Association.

I, _____ parent or guardian, of _____ (student's name) understand that as a parent/legal guardian give authorization/consent for the disclosure of the student-athlete's protected health information while participating as an interscholastic athlete at _____ School. I understand that my protected health information is protected by the 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 parental/legal guardian authorization under HIPAA or consent under the Buckley Amendment. I the parent/legal guardian understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing to the school's athletic director, but if I do, it will not have any effect on the actions the school officials took in reliance on this authorization/consent prior to receiving the revocation. I further have been given a copy of the Privacy Notice, which explains my rights under the HIPAA Act. This authorization/consent expires one year from the date it is signed.

I hereby authorize the athletic trainer and sports medicine staff at _____ School, to administer treatment and first aid pertaining to school sporting activities as necessary, to _____ (student's name).

REQUIRED SIGNATURE FOR PARTICIPATION FOR INTERSCHOLASTIC SPORTS

Print Athlete's Name

Signature of Parent/Legal Guardian

Date