

(HIPAA Release)
Student-Athlete Authorization / Consent
for
Disclosure of Protected Health Information

I, _____ (Print name), hereby authorize Bethel College and its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for participation in intercollegiate athletics to any Bethel College Athletic Training Advisory Team Physician, Allied Health Personnel affiliated with Bethel College, the Director of Athletics, my Head Coach, or my Assistant Coach.

I understand that my injury / illness information is protected by federal regulations under 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 my signing of this authorization / consent is voluntary and that my institution will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure.

I also understand that I am not required to sign this authorization / consent in order to be *eligible for participation* in NAIA or Kansas Collegiate Athletic Conference competition. If you refuse to sign this release, you will not be denied treatment from the Athletic Training Department however you will not be allowed to *participate in your sport* in order to protect your medical condition and associated medical information.

I also understand that the Kansas Collegiate Athletic Conference is not covered by the Buckley Amendment or HIPAA and that these regulations will not apply to Kansas Collegiate Athletic Conference's use or disclosure of my injury / illness information.

This authorization / consent expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the Athletic Director at Bethel College. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization / consent.

Printed Name of Student-Athlete: _____

Signature of Student-Athlete: _____

Signature of Parent/Guardian if athlete is under 18: _____

Date of Signature: _____

*** Please return this form to your Head Coach ***