



**Student-Athlete Authorization/Consent for Disclosure of
Protected Health Information (PHI)**

I, _____, hereby authorize Indiana University of Pennsylvania
(Printed name of student-athlete)

(IUP) Sportsmedicine Department, physician affiliates, and other health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics to the following:

(Your initials below indicate your agreement to the release of you PHI in each category.)

_____ ***My Personal Medical Insurance Information***

For the use of electronic transmission, U.S. post mail, or facsimile involving billing, reimbursement, benefits eligibility, and plan-eligibility issues.

Authorization in this category is required to participate in intercollegiate athletics at IUP.

_____ ***Parents/Guardian***

Should the parents/guardian inquire as to the extent of an injury or illness, you are allowing IUP Sportsmedicine personnel to discuss your condition.

_____ ***Coaches/Athletic Administration***

For purposes of updating coaching staff/athletic administration on injuries/illness, I allow the IUP Sportsmedicine staff to communicate limited medical information to appropriate personnel via email and verbal communication.

_____ I also allow any treating physicians or other medical facilities to disclose my medical records to the IUP Sportsmedicine personnel for purposes of continued quality of care during my athletic participation at that institution. Fax to: 724-357-2754

I understand that my injury/illness information is protected by federal regulations under wither the Health Information portability and Accountability Ant (HIPAA) or the Family Educational Rights and Privacy Act (FERPA) of 1974 (the Buckley Amendment) and may not be disclosed without wither my authorization under HIPAA or my consent under the Buckley Amendment.

The authorization/consent expires 365days 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 my institution. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent.

Signature of Student-Athlete

Date

Signature of Guardian (if under 18 years of age)

Date