

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

I, _____ hereby authorize Macalester College and its physicians, athletic trainers
Name of Student-Athlete
and health care personnel to disclose my protected health information including, without limitation, any information regarding any injury, illness, treatment or participation related to or affecting my training for and participation in intercollegiate athletics to the National Collegiate Athletic Association (NCAA), and its designated employees, agents and/or contractors. I further authorize the NCAA to disclose, and/or use, such information as provided herein.

I understand that my participation and protected health information, including, without limitation, injuries or illnesses resulting from or affecting training for or participation in athletics, may be disclosed to, and/or used by, the NCAA, and any third party expressly authorized by the NCAA to receive such information for the purposes described in this paragraph. The information provides NCAA committees, athletics conferences and individual schools and NCAA-approved researchers with injury, relevant illness and participation information that do not identify individual student-athletes or schools. The data provide the Association and other groups with an information resource upon which to base and evaluate the effectiveness of health and safety rules and policy, and to study other sports medicine questions. Selected de-identified summary (aggregate) data also are made accessible to the general public as a service to further the general understanding of athletic injury patterns.

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 my signing of this authorization/consent is voluntary and that my institution will not condition or withhold 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 NCAA athletics.

I understand that while HIPAA regulations may not apply to NCAA use or disclosure of my injury/illness information, the NCAA is committed to protecting my privacy. I understand that my protected health information and any personal identifiers will be encrypted while being transmitted from my institution and, to the extent kept by the NCAA, that all such data will be stored securely within industry standards. I further understand that neither the NCAA nor its agents or contractors will identify me personally in any publication or disclosure of research results. This authorization/consent for transfer of protected health information expires 545 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 director of athletics at my institution. I understand that a revocation takes effect on its request date and does not affect any action taken prior to that date.

Printed Name of Student-Athlete

Signature

Date

**CONSENT FOR TREATMENT AND AUTHORIZATION TO RELEASE
PROTECTED HEALTH INFORMATION**

First Name	Last Name	Date of Birth	Age
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Sport(s)

I understand that Macalester College employs Certified and Registered Athletic Trainers for the purposes of preventing, treating and educating student-athletes about injuries and illness that may be incurred while participating in school-related athletic events and programs. As a student-athlete, I understand that I have to be an active participant in my own healthcare by reporting all of my injuries and illnesses to the Athletic Training Staff. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the Macalester College Athletic Training Staff.

I further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion.

By signing below, I acknowledge that my institution has provided me with specific educational materials on what a concussion is, about the importance of immediately reporting symptoms and given me an opportunity to ask questions about areas and issues that are not clear to me on this issue. I also acknowledge that I have received and understand the educational information on Sickle Cell Trait and testing

In accordance with **HIPAA guidelines**, I give the following approvals for injuries resulting from participation at Macalester College in intercollegiate athletics. By my signature, I agree that the Macalester College Athletic Training staff can function with my approval of releases of injury or illness information. I also give my consent for treatment of my injuries by the Athletic Training staff This approval will last for one calendar year. I understand this authorization form must be filled out completely and signed in order to be considered valid.

A copy that has not been altered will be considered as valid as an original. I can at any time revoke this approval, to do so; it must be in a written form to the Macalester College Athletic Training staff.

I approve that the Macalester Athletic Training Staff can/may:

- Give injury/illness information from above sport(s) to the head and assistant coaches of the sport(s) I am involved in.
- Discuss my medical history with Macalester College team physicians, Macalester College Health and Wellness Center and other qualified medical providers when pertinent to my athletic participation.
- Email, mail, or fax information regarding my injuries/illness that are related to intercollegiate athletics to team physicians, referring physicians, Health and Wellness Center and/or my insurance company.
- Contact with the Office of Student Affairs staff for academic services, disability services, and other services as deemed needed.

I understand that the Macalester College Athletic Trainers adhere to the "Notice of Privacy Practices" & this information can be viewed at www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/notice.html

I have read and understand the contents of this form

Signature: _____	Date: _____
Parent's Signature (if under the age of 18) _____	Date: _____