

Student-athlete Authorization/Consent
For
Disclosure of Protected Health Information

I hereby authorize the athletic trainers and other health care personnel representing Cochise College to release and/or receive information regarding my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate 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 or received from other health care providers, parents/guardians, hospitals, and/or medical clinics and laboratories, athletic coaches, strength and conditioning coaches, medical insurance coordinators, athletic coaches, strength and conditioning coaches, medical insurance coordinators, insurance carriers, academic counselors, athletic and/or college administrators. A separate authorization/consent form must be signed to allow release of protected health information to professional and/or university recruiters.

I understand that my authorization/consent for the disclosure of my protected health information is a condition for participation as an intercollegiate athlete for Cochise College. 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 redisclosure 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 Head Athletic Trainer, but if I do, it will not have any effect on actions Cochise College took in reliance on this authorization/consent prior to receiving the Revocation. This authorization/consent expires six (6) years from the date it is signed.

Name of Student-Athlete (print or type)

Signature of Student-Athlete

Date

Date of Birth of Student-Athlete

Signature of Parent/Legal Guardian (if student-athlete is under 18 years of age)