HANOVER COLLEGE SPORTS MEDICINE
PERMISSION TO RELEASE MEDICAL INFORMATION

Hanover College Sports Medicine is required to obtain your permission to release information regarding your care and playing status in accordance with the Health Information Portability and Accountability Act (HIPAA) which went into effect April 14, 2003.

In an effort to provide you with the best possible medical coverage, there may be time when your medical information will need to be shared with other medical providers including: team physicians, team dentist, team optometrist, staff physical therapist, staff certified athletic trainers, and the college nurse practitioner. ***Release of information to medical caregivers outside the Hanover College network of providers will require a separate release form.***

In addition to medical providers, your head coach will need to be informed of your capacity to participate in competitions and practices. Since your personal medical information is, and always will be considered confidential, only the most basic information will be shared with your head coach. However, once this information is released to your head coach, you may no longer be protected under the HIPAA privacy act.

The Hanover College Sports Medicine staff will also release medical records pertinent to a specific athletic injury to our secondary insurance provider, NAHGA, which covers medical bills not covered by an individual's primary insurance.

I, _____
First Middle Last Suffix
understand the conditions in which my personal medical information will be released and give permission to the Hanover College Sports Medicine department to release this information to the designated providers involved in my medical care.

This authorization is valid for the remainder of your Hanover College school year.

In addition, I understand that at any time I can withdraw this blanket release so long as it is done in writing. My refusal to sign this waiver or my withdrawal of permission will not be grounds for denial of treatment by the Hanover College Sports Medicine staff.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Required if the student is under the age of 18)

Witness Signature: _____ Date: _____

CONSENT TO TREAT

Student Name: _____ Date: _____

Hanover College employs Certified Athletic Trainers who are qualified to assess, treat, and rehabilitate most injuries you may incur while participating in our intercollegiate athletic program.

The Athletic Trainers' qualifications include: certification by the National Athletic Trainers Association; licensure by the State of Indiana Professional Licensing Agency's Athletic Training Board; certification in CPR and First Aid; and a minimum of a Bachelor's degree in the sports medicine field or related fields.

I DO/DO NOT (please circle appropriate response) give my permission for the Athletic Training staff to assess, treat, rehabilitate, and refer me as appropriate during the upcoming year. This permission includes authorization to discuss my injury and/or conditions in consultation with other athletic training staff members and coaches as appropriate.

Student Signature: _____

Parent/Guardian Signature: _____
(Required if the student is under the age of 18)