

Permission to Release Information

Because of the Health Information Portability and Accountability Act (HIPAA) privacy rule which went into effect April, 14, 2003, we (Hanover College Sportsmedicine) are now required to obtain your permission to release information regarding your care and playing status.

In an effort to provide you with the best possible medical coverage, there may be times when your medical information will need to be shared with other designated medical providers such as: the team physicians, team dentist, team optometrist, staff physical therapist, staff certified athletic trainers and college nurse practitioner.

NOTE: Release of information to providers outside the Hanover College network of providers, will require a separate release form.

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

I, _____ understand the conditions
(Print Full Legal Name)

in which my personal medical information will be released and give permission to the Hanover College Sportsmedicine department to release this information to the designated parties involved in my medical care.

This authorization is good for the remainder of your Hanover College athletic career.

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

(Signature)	(Date)
(Parents signature if minor)	(Date)
(Witness Signature)	(Date)

June 14, 2006