

PRAIRIE STATE COLLEGE

STUDENT-ATHLETE HIPPA AUTHORIZATION FORM

I understand my rights under the federal regulations mandated by the Health Insurance Portability and Accounting Act(HIPPA).I authorize Prairie State College Athletics Program medical coverage (including full-time and part-time athletic trainers, and team physician) to provide to my parents or guardians, coaches, the media, the NCJAA, durable medical equipment representatives, insurance company representatives, college personal, medical personal, and athletic training staffs of professional sports teams, all information concerning my health care, injury, rehabilitation, treatment, and health status. This information is to be used for the following purposes: advising persons of my health or injury status for further medical treatment; accessing the insurance coverage under the policy that covers medical treatment and costs for me; advising the coaching staff of my health status and restrictions on my ability to participate in athletics; and advising the athletic training staff of professional sport teams of my health status.

It is important this form is signed by the student-athlete or legal guardian. It affects the documentation and communication forms which are used in the athletic training room with team physicians, coaches, and support staff. The signature authorizes the members of the team providing medical coverage for athletic events, team physicians, and allied health care providers, (any covering medical personnel) to communicate and view medical records pertaining to health-related issues of the student-athletes. The methods of injury documentation and communication used will be:

- Oral and written communication regarding health issues between the athletic trainer, the team physician, and medical support staff.
- Oral and written communication regarding health issues between the athletic trainer and coaching staff.
- Oral and written communication regarding health issues between the athletic trainer and the athletes parents, per athlete’s request.
- Oral and written communication regarding health issues between the athletic trainer and the university compliance personnel, conference officials, and NJCAA officials if the student athlete is seeking a hardship waiver, extension, medical disqualification, or other NJCAA waiver.
- Oral and written communication regarding health issues between the athletic trainer and academic services staff, faculty, Dean of Students and/or Disability Services if the injury/illness impacts your ability to attend class and/or fulfill other academic obligations.
- Oral and written communication regarding health issues between the athletic trainer and the athletic training staff of professional sports teams.
- Written documentation regarding injuries and injury treatments (i.e. Daily Treatment Logs and Injury Reports).
- Oral and written communication regarding health issues between the athletic trainer and the media after permission is granted by the athlete. Each injury will require renewed permission from the athlete.

I understand that Prairie State College will not receive compensation for its use/disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or other benefits from Prairie State College. I further understand that I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time by notifying, in writing, the Athletic Director. Revoking my authorization will not have any effect on the actions Prairie State College took in reliance on this authorization prior to receiving the revocation. This authorization expires six years from this date it is signed.

Print Name

Sport

Signature of Student-Athlete

Date of Signature

Signature of Parent/Legal Guardian
(If Student-Athlete is under 18 years of age)

Date of Signature