

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

I hereby authorize the physicians, athletic trainers, and other health care personnel representing North Georgia College & State University Athletic Association to release and/or obtain 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 other health care providers, parents/guardians, hospitals and/or medical clinics, laboratories, athletic coaches, medical insurance coordinators, insurance carriers, medical supply vendors and/or service companies, athletic and/or university administrators, and academic counselors.

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 re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment.

This authorization consent expires in 545 days from the date of my signature occurring on this contract. 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 North Georgia College & State University took in reliance on this authorization/consent prior to receiving the revocation.

Name of Student-Athlete (print or type) Signature of Student-Athlete Date

Social Security Number of Student-Athlete Date of Birth of Student-Athlete

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