

ELMIRA COLLEGE
Sports Medicine c/o Department of Athletics
One Park Place
Elmira, NY 14901

Authorization for Use or Disclosure of Protected Health Information

We understand that information about you and your health is personal, and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your written authorization before we may use or disclose your protected health information for the purposes described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed. Please read the following information and the Notice of Privacy Practices carefully before signing this form.

Section A: Must be completed for all authorizations

NAME: _____ ID#: _____ Date of Birth: ____/____/____
(Print name)

Authorizes:

Elmira College Director of Athletics, Assistant Director of Athletics, Sports Medicine Staff, Coaches, College-Team Physicians, College Health Services Medical Personnel and Sports Information Director.

Release PHI to:

Amongst the media, ourselves, referred specialists, and the student athletes' parents.

In case of academic and residential safety concerns: professors and appropriate administrators

Specific Description of Information

XX 1. Only those records regarding treatment for the following medical condition or injury: **Injury an-or illness, which limits or hinders the student-athletes ability to participate at any level of varsity or junior varsity sports at Elmira College.**

XX 2. Only those records that contain the following specified information: **Nature, prognosis, diagnosis and treatment of any injury or illness and the amount of time the student-athlete cannot participate at full level.**

XX 3. Records for the period from **8-1-11 to 7-31-11**

Specific purpose for use of disclosure:

To keep a direct line of communications between the people listed above when necessary for the safety of the student-athlete.

Expiration Date or Event: End of the 2011-12 academic school year (including post-season play)

- You have the right to revoke this authorization at anytime, except to the extent that Elmira College has already taken action based upon your authorizations. To revoke this authorization write to:
David Tomkalski, MA, ATC, Head Athletic Trainer, Elmira College, One Park Place, Elmira, NY 14901
- This information may be disclosed if the recipient(s) described on this form is not required by law to protect the privacy of the information and the information is no longer protected by federal privacy regulations.
- Releases of HIV-related information must be authorized on a separated form, *Authorization for release of confidential HIV related Information.*

I have read the Notice of Privacy Practices and this form, and all of my questions about the Notice of Privacy Practices and this form have been answered. By signing below, I acknowledge that I have read and accept all of the above.

Signature of Student Athlete

Date

Parent or Guardian Signature (if under 18 years old)

Relationship to Student Athlete