

Cazenovia College Athletics
2011-2012 Consent for Disclosure of Protected Health Information (HIPAA)

By signing below, I authorize Cazenovia College and its physicians, certified athletic trainers, and health care personnel **not** to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics to the conference/media and its employees or agents.

I understand that my protected health information will not be used by the conference /media for the purpose of:

1. News reporting
2. Article publication
3. Media Guides
4. Participation status (e.g. Medical Hardship Waiver)

I understand that my injury/illness information is protected by federal regulations under either the Health Insurance 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 my signing this authorization/consent is voluntary and that my institution will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure.

I understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA or conference athletics. I also understand that the conference/media is not covered by the Buckley Amendment or HIPAA and that these regulations will not apply to the conference/media use or disclosure of my injury/illness information.

I am authorizing Cazenovia College and its physicians, athletic trainers, and health care personnel to disclose my protected health information to the designated entities checked below:

- Medical (Release of information for continuation of treatment)
- Cazenovia College Health Office/Certified Athletic Trainer
- College Officials (Coaches, SID, Athletic Director, President)
- Parents and/or Legal Guardian (Status of injury and course of treatment)
- Spouse
- Other – indicate individual(s):

This authorization/consent expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by giving written notification to Cazenovia College Athletics. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent.

Printed Name	Signature	Date
Sport(s)		