

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

I, \_\_\_\_\_, hereby authorize **Elon University**  
Name of Student-Athlete

and the physicians, athletic trainers, and health care personnel representing Elon University to release 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, parent's/guardians, hospitals and/or medical clinics and laboratories, athletic coaches, strength and conditioning coaches, medical insurance coordinators, insurance carriers, medical supply vendors and/or service companies, academic counselors, athletic and/or university administrators, chaplains and/or clergy members, NCAA Injury Surveillance System, media relations staff and members of the media.

I understand that my injury/illness 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 my signing of this authorization/consent is voluntary and that my institution will not provide any health care treatment or payment, enrollment in a health plan or receipt of any benefits(if applicable) based upon whether I provide the consent or authorization requested for this disclosure. I also 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.

I understand that I may revoke this authorization/consent at any time by notifying in writing the Head Athletic Trainer at Elon University, but if I do, it will not have any effect on actions that Elon University or the Intercollegiate Athletics Department took in reliance on this authorization/consent prior to receiving the revocation.

\_\_\_\_\_  
SSN# of Student-Athlete

\_\_\_\_\_  
Date of Birth of Student-Athlete

\_\_\_\_\_  
Name of Student-Athlete

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date