

**Whitworth University Student Athlete Authorization for
Release of Protected Health Information**

I, _____, hereby authorize **Whitworth University**
Name of Student Athlete

and its physicians, athletic trainers and health care personnel 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 **Athletic Director, Associate/Assistant Athletic Directors, Athletic Training Staff and related health care providers (MD specialists, therapists etc), Coaches, Sports Information Director, local media, and the NCAA Injury Surveillance System** for the purposes of:

- Decision making about and plan for my care and treatment
- Referral, consultation and coordination of with other health care providers for my care and treatment
- Determination of my eligibility for health insurance benefits or coverage
- Releasing information to the media when a condition or injury affects my ability to participate
- Performance of office or administrative functions that support the athletic training department's effort to provide me with effective health care
- Facilitation of any other reason permitted by law
- Data collection by the NCAA for research purposes
- Promotion of Whitworth University athletics

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 (FERPA) and may not be disclosed without my authorization. I understand that my signing of this authorization 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 authorization requested for this disclosure. I also understand that I am not required to sign this authorization in order to be eligible for participation in NCAA or conference athletics.

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

Printed Name of Student Athlete

Sport(s)

Signature

Date