

Student-Athlete Authorization/Consent for  
Disclosure of Protected Health Information to Parents/Guardians

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
Name of Student-Athlete Name of my Institution

And its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness or participation related to my training for and participation in intercollegiate athletics to my parents/guardians listed below.

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 condition or withhold 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 also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA athletics.

This authorization/consent for transfer of protected health information expires 545 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 Loras College athletics director. I understand that a revocation takes effect on its request date and does not affect any action taken prior to that date.

\_\_\_\_\_  
Printed Name of Student-Athlete Signature Date

Telephone Numbers Where Parent(s)/Guardian(s) can be reached:

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home: \_\_\_\_\_

Mother Office: \_\_\_\_\_

Father Office: \_\_\_\_\_

Cell of Mother/Guardian: \_\_\_\_\_

Cellular Father/Guardian: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Telephone Number: \_\_\_\_\_