



## Andrew College Medical Disclosure Authorization

**Authorization to disclose medical records for  
purposes of treatment, participation and insurance**

I hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel representing Andrew College 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. The 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, parents/guardians, hospitals and/or medical clinics and laboratories, athletic coaches, medical insurance carriers, medical insurance coordinators, and athletic and/or university administrators.

I understand that my authorization/consent for the disclosure of my protected health information is a condition for participation as an intercollegiate athlete for Andrew College. I understand that my protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Education Rights and Privacy Act of 1974 (the Buckley Amendment). I 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, but if I do, it will not have any effect on actions Andrew College took in reliance on this authorization/consent prior to receiving the revocation. This authorization/consent expires four (4) years from the date it is signed.

Print Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_