



**Student Athlete Authorization/Consent
for Disclosure of Protected Health Information
to Grinnell College.**

I, _____, hereby authorize Grinnell College
(Please print name)

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.

This release also authorizes the disclosure of the Health Card information provided to the Grinnell College Health Center to the Athletic Department. Information on the Health Card honors my commitment to meet NCAA Physical Exam requirements.

I understand that my injury/illness information is protected by federal regulation under with the Health Information Portability and Accountability Act (HIPAA) of Family Education 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 any benefits 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 or conference athletics.

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 sending written notification to the head athletic trainer at my institution. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent.

Signature

Date

