



# CMS Sports Medicine

## HIPAA Authorization (required annually) Form

Section Sub-Section Q#

### STUDENT-ATHLETE HIPAA AUTHORIZATION FORM

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I understand my rights under the federal regulations mandated by the Health Insurance Portability and Accounting Act (HIPAA). I authorize CMS Sports Medicine to provide all information concerning my health care, injury, rehabilitation, treatment, and health status to the following listed below. It is important this form is signed by the student-athlete or legal guardian. It affects the documentation and communication forms which are used in the athletic training room with team physicians, coaches, and support staff. The signature authorizes the members of the Athletic Training Department, team physicians and allied health care providers to communicate and view medical records pertaining to health-related issues of the student-athletes. The methods of injury documentation and communication used will be oral, written, and electronic to the following:

- Outside health care providers associated with the CMS Athletics Department for the purpose of providing me with treatment and coordinating and managing my health care with others.
- Insurance companies associated with the CMS Athletics Department for the purpose of collecting payment for the treatment and services provided to me by the colleges or by another provider.
- Scouts or representatives from any professional or amateur organization for the purposes of assisting the organization in making a determination as to the offering of employment.
- Coaching staff advising them of my health status and restrictions on my ability to participate in athletics
- Athlete's parents regarding injuries and health issues.
- The college compliance personnel, conference officials and NCAA officials if the student-athlete is seeking a hardship waiver, extension, medical disqualification, or other NCAA waiver.
- Academic Services staff, faculty, Dean of Students and/or Disability Services if the injury/illness impacts your ability to attend class and/or fulfill other academic obligations.
- Injury Tracking Software in regards to documenting injuries and health issues as well as progress notes and rehabilitation protocols.

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#### Authorization to Disclose Information

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I understand that my injury/illness information is protected by federal regulations under the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without my consent under the Buckley Amendment. I understand that my signing of this Consent 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 consent requested for this disclosure. I also understand that I am not required to sign this Consent in order to be eligible for participation in NCAA or conference athletics.

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This Consent expires at the time that my eligibility in intercollegiate athletics at Claremont McKenna, Harvey Mudd or Scripps College has exhausted, 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.

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