

Use and Disclosure of Protected Health Information to Persons Involved in the Student's Care – for specific period

**Regional Rehabilitation Center
1500 Provident Drive
Warsaw, Indiana 46580**

THIS PERMISSION IS IN EFFECT FOR THE 2017-2018 SCHOOL YEAR

I understand that I have the right to agree, restrict or object to the disclosure of Protected Health Information (PHI) by the Athletic Trainer to members of the school athletic department. This includes but is not limited to the Athletic Director, Coach and members of the coaching staff. I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

By my signature below, I give the Athletic Trainer permission to disclose PHI to members of the school's athletic department. I understand that the information disclosed will be limited to the injury/illness affecting athletic participation. I understand that I can revoke this permission to disclose at any time by submitting such request to the Athletic Trainer in writing. The revocation of permission will apply from the date of receipt and is not retroactive.

IF student-athlete is UNDER 18 YEAR OF AGE participating in Bremen High School sports programs.

Print Student-Athlete Name: _____

Print Name of Parent, Guardian or Legal Representative: _____

Signature of Parent or Guardian or Legal Representative: _____ Date: _____

Date Student-Athlete turns 18: _____ Date Student-Athlete graduates: _____

Names of additional individuals who may receive PHI (if any): _____

IF student-athlete is 18 YEARS OF AGE OR OLDER participating in Bremen High School sports programs.

Print name of Student-Athlete: _____

Signature of Student-Athlete: _____ Date: _____

Names of additional individuals who may receive PHI (if any): _____
