

LABETTE COMMUNITY COLLEGE

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

I hereby authorize the LCC team physicians, LCC athletic trainer, LCC staff working with insurance companies, and other health care professionals representing Labette Community College to release information regarding my protected health information (PHI) and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics. 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 coordinators, insurance carriers, and athletic and/or college administrators.

I hereby authorize the LCC Head Coach of my sport/s to release my name, body part injured or general illness information, and the date of my possible return to activity to the news media.

I understand that my authorization/consent for the disclosure of my PHI is a condition for participation as an intercollegiate athlete for Labette Community College. I understand that my PHI 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 and/or the Buckley Amendment.

I understand that I may revoke this authorization/consent for disclosure of protected health information at any time by notifying in writing Labette Community College, but if I do, it will not have any effect on actions Labette Community College took in reliance on this authorization/consent prior to receiving the revocation.

The duration of my permission to share personal medical information will extend from July 1st of my first year as an athlete at LCC until June 30th of my second year as an athlete. An additional year of permission may be granted in such case that I receive a medical hardship or extension of my eligibility to play intercollegiate sports due to non-participation. An extra year of permission will extend until July 30th of my third year as an athlete at LCC.

Student Athlete Signature

Student Athlete Print Name

Date

Parent/Guardian Signature
(If Athlete under 18)

Parent/Guardian Print Name

Date