



Medical Information Release for 2019-2020 School Year

We are the parent(s)/legal guardian(s) for a minor student athlete or I am an adult student athlete (18 years or older), and understand that the school I/my/our child attend(s) is under contract with Mercy Health-St. Rita’s Sports Medicine to provide athletic training services for their student athletes.

I/we understand that health information related to me or my/our student athlete should be protected, but in order to provide the best treatment and the best opportunity for a safe and quick return to athletic activities, there may be instances in which the Certified Athletic Trainer (AT) should discuss information with regard to a student athlete’s condition with others. Therefore, when injuries or medical conditions arise that require the AT’s intervention, I/we give my/our permission for any AT from Mercy Health-St. Rita’s Sports Medicine who is involved in my/our student athlete’s care to discuss pertinent health information including, but not limited to, the type of injury/condition, the plan for treatment, and any athletic/sports participation limitations, with the following individual(s) when the situation warrants: team physician (where applicable), treating physician, family physician, dentist, emergency medical personnel, medical center/hospital personnel, coaching staff, athletic director, other AT(s), any health care provider or facility currently treating me/my/our student athlete, and me/us. The AT will communicate with the aforementioned individuals on an as needed basis and will use professional discretion and judgment to protect the student athlete’s Personal Health Information (PHI). This release shall provide permission for any health care provider/facility, which is currently treating, or has treated me/my/our student athlete, to release information directly to the AT as part of the continuum of care.

This disclosure may include records protected by federal confidentiality rules. The federal rules prohibit the AT from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R., Part 2.”

I/We understand that should a change be desired in the type of PHI to be discussed or with whom it can be shared, the individual who initially signed this release must make the request in writing and contact the AT. (Should a student athlete become 18 years of age during the course of the school year, the now adult student athlete would be able to make these changes.) I/we understand that should I/we revoke/change this authorization, the revocation/change will not cover any action that has already been taken by Mercy Health-St. Rita’s Sports Medicine during the original granted authorization. I/we also understand that verbal approval may be given directly to the AT by the parent, guardian, or adult student athlete for a specific, single episode of communication and will be documented by the AT.

I/We have read and understand the above document.

∇ If this document is part of an on-line electronic signature process through your high school, then the electronic signature completed as part of that process will act as an electronic signature for this document during the academic year of 2019-2020.

∇ If this document is presented by your school in hard copy form, please print, sign, and date below, and will be in effect for the academic year of 2019-2020.

Print: Student Athlete Name: _____

Parent/Guardian Name: _____

Signatures: Student Athlete: _____ Date: _____

Parent/Guardian: _____ Date: _____