



## STUDENT - ATHLETE HIPAA AUTHORIZATION FORM

I understand my privacy rights under the federal regulations mandated by the Health Insurance Portability and Accounting Act (HIPAA) and, in waiver of those rights, I authorize Muskegon Community College and Mercy Health Partners Sports Medicine/Athletic Training staff, including full-time and part-time staff, student interns, and athletic training students, to provide to my parents or guardians, coaches, the staff/personnel of my educational institution, other medical professionals / organizations, and insurance company representatives, any and all information concerning my medical care, injury, rehabilitation, treatment, and health status. This information is to be used for the following purposes: advising appropriate persons of my health or injury status relating to the need for further medical treatment, advising the coaching / educational institution staff of my health and/or injury status and any restrictions on my ability to participate in athletics, and accessing insurance coverage under any policy that may cover the costs of my medical treatment.

This authorization is valid for as long as I participate in athletics at Muskegon Community College. I have the right at any time to withdraw this consent and I understand any such withdrawal must be done in writing to Muskegon Community College's Athletic Department. I understand that any withdrawal of consent will not, however, be effective as to any disclosures that Muskegon Community College and Mercy Health Partners Sports Medicine/Athletic Training staff made in reliance upon this authorization prior to receipt of my written withdrawal of consent. I also understand that the information that is disclosed by Muskegon Community College and Mercy Health Partners Sports Medicine/Athletic Training staff pursuant to this authorization may be re-disclosed by persons/entities who receive any such information.

I understand that it is my choice to sign or not sign this agreement and that I cannot be denied medical treatment for refusing to sign. However, I also understand that by choosing not to sign this document, I will not be able to participate in intercollegiate athletics at Muskegon Community College.

Student-Athlete Printed Name \_\_\_\_\_

Student-Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian Printed Name \_\_\_\_\_

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_