



STUDENT-ATHLETE AUTHORIZATION/CONSENT FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION TO THE PATRIOT LEAGUE AND/OR REQUESTING MEDIA OUTLET

I, _____, hereby authorize _____
NAME OF STUDENT-ATHLETE NAME OF MY INSTITUTION

and its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics among one another.

I further understand that my protected health information may also be used by the Patriot League or corresponding affiliated league and/or a requesting media outlet for the purpose of appropriate news coverage of the College of the Holy Cross Athletics. Any dissemination of information will be at the combined discretion of the Sports Medicine and Media Relations staffs.

I understand that my injury/illness information is protected by federal regulation under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (FERPA) and may not be disclosed without either my authorization under HIPAA or my consent under FERPA. I understand that my signing of this authorization/consent is voluntary and that my institution does not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA, Patriot League, or corresponding affiliated league athletics.

I also understand that the Patriot League/requesting media outlet is not covered by FERPA or HIPAA and that these regulation will not apply to the Patriot League/requesting media outlet's use or disclosure of my injury/illness information.

This authorization/consent is valid from the date indicated by my signature below through the date of expiration of my eligibility to participate in intercollegiate athletics. I understand that I have the right to revoke it in writing at any time by sending written notification to the athletic director 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.

PRINT NAME OF STUDENT-ATHLETE: _____ SPORT: _____

SIGNATURE OF STUDENT-ATHLETE: _____ DATE: _____