

HIPAA Privacy Rule Release Form

The University of Kentucky Sports Medicine Center faculty and staff are committed to protecting the privacy of all health information obtained and maintained through _____ (name) high school athletic career. This protected health information (PHI) provides information about this athlete's past and present health. The purpose of this release form is to explain who this information will be released to and to obtain written authorization from the parent(s)/legal guardian(s) for release of this information.

This athlete's PHI will be shared/released to a school official for treatment/rehabilitation purposes. Protection of this PHI will fall under applicable law including the Health Insurance Portability and Accountability Act (HIPAA) and the Family Education Right to Privacy Act (FERPA) that applies at the school.

I have read and understand the information above.

Parent(s)/Legal Guardian(s):

Date: _____

Coach/School Official to Contact: _____

Phone Number for Contact: _____