**BELLEVUE COLLEGE ATHLETICS DEPARTMENT**

**AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION**

Name (*Please print*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I hereby consent to allow the Bellevue College athletic training staff to disclose protected health information concerning any injury or athletically-related illness to my coaching staff and the athletics administration.
* I hereby consent to allow Bellevue College athletic department personnel to disclose protected health information concerning any injury or athletically related illness to my parents or legal guardians.

**Unless I have drawn a line through or otherwise stricken out a record**, I specifically authorize the use and disclosure of the following individually identifiable health information and/or medical records, if such information

and/or record exists:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ✓ | Discharge summary | ✓ | Reports of X-rays & tests | ✓ | Inpatient records |
| ✓ | Face sheets | ✓ | Immunization records | ✓ | Consultations reports |
| ✓ | History & physical records | ✓ | Emergency room records | ✓ | Abstracts w/final diagnosis |
| ✓ | Outpatient records | ✓ | Physical Therapy notes |  |  |
| ✓ | Other: all relevant health information related to athletic injuries and illness |

I further authorize the release of any information contained in the above records concerning: treatment of drug or alcohol abuse, drug-related conditions, alcoholism, and/or mental health treatment and/or HIV/AIDS related conditions.

**Dates of treatment to be released**: From date of signature below until graduation or such time as athlete is no longer enrolled at Bellevue College, whichever comes first.

**Reason or purpose for the use and disclosure of this information**: To facilitate prompt and appropriate treatment of any injury or athletically related illness, and assure prudent participation in ongoing athletic activities.

**Redisclosure**: I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict further redisclosure of HIV/AIDS information, mental health information, drug/alcohol diagnosis, and treatment or referral information.

**Refusal to Sign this Authorization**: I understand that my refusal to sign this authorization will not adversely affect my ability to receive health care services. I understand that the only circumstance when refusal to sign means I will not receive health care services is if those health care services are solely for the purpose of providing my health information to someone else and the authorization is necessary to make that disclosure.

**Revocation**: I understand that I may revoke this authorization at any time by notifying the Bellevue College Athletics Office*, in writing*. I further understand that if I revoke this authorization, the information described above may no longer be used or disclosed for the purposes described here. I also understand that any use or disclosure already made with my permission cannot be undone.

**Expiration**: I understand this authorization is good until revoked in writing, or until I graduate from or otherwise am not enrolled at Bellevue College, whichever comes first.

**Inspect**: I understand that I may inspect or request copies of any information disclosed by this authorization.

**This authorization is binding**. A photocopy of this consent shall be deemed as effective and valid as the original.

**Copy provided**: I received and read a copy of this document, prior to signing it.

Athlete's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If athlete is under the age of 18:***

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_