

Oklahoma Wesleyan University
Student Authorization/Consent for Disclosure of Protected
Health Information (PHI) To the National Association of
Intercollegiate Athletics, Insurance Companies, Media, Parents
and Oklahoma Wesleyan University Sports Medicine

I, _____, hereby authorize Oklahoma Wesleyan University and its physician affiliates, athletic and other 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 to the following:

Your initials below indicate your agreement to the release of your (PHI) in each category:

_____ *My Personal Medical Insurance* For the use of electronic transmission, US post mail, or facsimile involving billing, reimbursement, benefits eligibility and plan-eligibility issues.
Authorization in this category is required to participate in athletics at Oklahoma Wesleyan University.

_____ *The News Media* Should the media inquire as to the extent of an injury or illness, you are allowing Oklahoma Wesleyan University athletics representatives to discuss your condition.

_____ *Parents/Guardian* Should the parents/guardian inquire as to the extent of an injury or illness, you are allowing Oklahoma Wesleyan University athletics representatives to discuss your condition.

_____ I also allow any treating physicians or other medical facilities to disclose my medical records to the Oklahoma Wesleyan University Sports Medicine department for purposes of continued quality of care during my athletic participation at that institution. Fax to: 918-335-6246

I understand that my injury/illness information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act (FERPA) of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment.

This authorization/consent expires 380 days from the date of my signature below, but 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.

Printed Name of Student Athlete

Signature

Date