

NKU DEPARTMENT OF INTERCOLLEGIATE ATHLETICS

CONSENT FOR THE RELEASE OF MEDICAL INFORMATION

Northern Kentucky University's Department of Intercollegiate Athletics takes precautions to ensure that a student-athlete's private health information is kept confidential. Such information is shared only under certain circumstances and only to certain individuals. As a student-athlete, your medical condition must be monitored and managed by officials of the University to ensure you are not at risk for injury. You also participate in activities as a student-athlete that may require emergency treatment. The following individuals are those who may need access to your medical information, either in paper or verbal format, as part of this care process:

Certified Sports Medicine Staff

- Head Athletic Trainer
- Associate Athletic Trainer
- Assistant Athletic Trainer(s)
- Graduate Assistant Athletic Trainer(s)
- Athletic Training Program Coordinator

Physicians

- Head Team Physician(s)
- Other Designated Team Physician(s)
- Counselor(s)/Psychologist(s)
- Other team Healthcare Providers

Other

- Athletics Director
- Associate and Assistant Athletics Directors
- Head and Assistant Coaches
- Sports Information Director
- Athletic Training Students

The kind of information shared with the above individuals varies and is directly related to the duties each person is required to perform. Files that contain your medical information are maintained in a locked filing cabinet to which only members of the Certified Sports Medicine Staff have access.

Should your condition require our communication with your health plan, your primary care physician, or other medical specialists identified by you, you hereby give your consent to release your private health information to these parties via telephone, regular mail, facsimile, digital (such as the Internet, e-mail, etc.) or any new platforms and distribution mechanisms. You also hereby give your consent for us to receive your private health information from these parties via telephone, regular mail, facsimile, digital (such as the Internet, e-mail, etc.) or any new platforms and distribution mechanisms.

In case of an emergency that requires immediate care, we may be required to release your private health information to emergency medical personnel, fire protection personnel, law enforcement officials, physicians other than those named above, hospital or emergency care center personnel, and your family.

We may also be required to release your private health information in response to a lawfully issued subpoena.

You are not required to sign this consent in order to be eligible for participation in NKU's Intercollegiate Athletics Program. However, the ability of the members of the NKU Sports Medicine department to provide appropriate and adequate medical care for the injuries you may incur from participating in intercollegiate athletics is highly dependent upon their ability to share information with the individuals listed above. Please be advised that if you refuse to sign this release, in most cases, it will only be possible for the NKU Sports Medicine department to provide minimal care for your injury or illness. By signing below, you indicate that you have read and understand this document and give your permission to release your private medical information under the circumstances explained herein. This authorization expires 365 days from the date of your signature and may be revoked by written notice to the Athletic Director.

Student-Athlete

Date

Parent/Guardian
(Required if student-athlete is under 18 yrs old)

Date