

# 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 this pre-participation physical examination. This “protected health information” (PHI) provides information about

\_\_\_\_\_’s past and present health. The  
(Insert Student Athlete’s Name)

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 (such as the head coach) to certify approval of physical activity and for treatment purposes if the parent/guardian is not available. For these reasons, this signed form is mandatory for participation in KHSAA Insurance Portability and Accountability Act (HIPAA) at the clinic (details included in clinic Notice of Privacy Practices) and the Family Education Right to Privacy Act (FREPA) that applies at the school.

I have read and understood the information above.

Parent(s)/Legal Guardian(s) signature:

\_\_\_\_\_ Date: \_\_\_\_\_