

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION FORM (HIPAA)

Students Name(s): _____

Date(s) of Birth: _____

1. I authorize the disclosure of the above-named individual’s health and injury information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student’s ability to participate in North Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Healthcare Provider generating or maintaining such information.
2. The information identified above may be disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel who are directly involved in the care of the student.
3. This information for which I am authorizing disclosure will be used for determining the student’s eligibility to participate in co-curricular activities, any limitations on such participation, and any treatment needs of the student relating to health conditions or injuries during the year that may affect participation.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization.
5. I understand that once the above information is disclosed, it may be re-disclosed by the recipient to others in the direct care of the student and the information may not be protected by federal privacy laws or regulations.
6. I understand authorizing the use or disclosure of the information identified above is voluntary and that I do not need to sign this form to ensure healthcare treatment. However, not doing so could hinder your student’s health and recovery and therefore limit their participation in cocurricular activities.
7. This authorization will expire one year from the date of the signature.

Student Signature(s) **Date**

Parent/Guardian Signature **Date**