

# Saint Xavier University Health Center

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## Consent for Release of Information SXU Athletes

I hereby authorize the health care professionals at the Saint Xavier University (SXU) Health Center to release any protected health information (PHI) related to any injury or illness during my training for and participation in intercollegiate athletics. This includes my annual comprehensive history and physical exam forms. This protected health information may be released to other health care providers, hospitals and/or medical clinics and laboratories, athletic coaches, and SXU athletic trainers. Shared PHI will be limited to any conditions that may affect the health of the athlete during participation in intercollegiate athletics.

I understand that my authorization/consent for the disclosure of my PHI is a condition for participation as an intercollegiate athlete for Saint Xavier University. I understand that my PHI is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA and/or the Buckley Amendment.

I understand that I may revoke this authorization/consent at any time by notifying in writing Saint Xavier University, but if I do, it will not have any effect on actions Saint Xavier University took in reliance on this authorization/consent prior to receiving the revocation.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature of Athlete/Authorized Person (if athlete <18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date