

**WHITMAN COLLEGE STUDENT-HIPAA CONSENT, SUPPLEMENT
DISCLOSURE, & ASSUMPTION OF RISK**

N3

STUDENT-ATHLETE DEMOGRAPHICS

Sport(s) _____

Last Name _____ First Name _____

Whitman ID # _____ Birth Date ____ / ____ / _____

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) RELEASE

I hereby authorize the physicians, certified athletic trainers, and other health care personnel contracted by Whitman College to release information regarding my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics. This protected health information might concern my medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, parents/guardians, hospitals and/or medical clinics and laboratories, athletic coaches, strength and conditioning coaches, medical insurance coordinators, insurance carriers, academic counselors, athletic and/or college administrators, NCAA Injury Surveillance System, and sports information staff.

I understand that my authorization/consent for the disclosure of my protected health information is a condition for participation as an intercollegiate athlete for Whitman College. I understand that my protected health information 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 or my consent under the Buckley Amendment. I understand that once information is disclosed per my authorization/consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment.

I understand that I may revoke this authorization/consent at any time by notifying in writing the Head Athletic Trainer, but if I do, it will not have any effect on actions Whitman College took in reliance on this authorization/consent prior to receiving the revocation. This authorization/consent expires one (1) year from the date it is signed.

Student-Athlete's Signature

Date

(parent or guardian if under 18 years of age)

Date

ASSUMPTION OF RISK

The undersigned herewith formally acknowledges and declares the following **shared responsibility statement**:

I understand that participation in sport requires a personal acceptance of risk of injury. Athletes generally expect that those responsible for the conduct of sport will take reasonable precautions to minimize such risk and that their peers participating in the sport will not intentionally inflict wrongful injury upon them. _____(initial)

I understand that participation in Varsity Athletics at Whitman College might result in injury, illness, permanent physical or mental impairment, or even death. These injuries might be minor or might be career or life threatening. I understand that Whitman College cannot be held responsible for any injuries or conditions that might be caused by the actions of other athletes or teams. I also understand that injuries might be caused by my own failure to follow safety procedures or techniques that are made known to me by my coaching staff, athletic training staff, or by strength and conditioning personnel, or are otherwise known to me from another source, including but not limited to medical personnel of the College. _____ (initial)

I have read the above **shared responsibility statement**. I understand that there are certain inherent risks involved in participating in intercollegiate athletics. I acknowledge the fact that these risks exist and I am willing to assume responsibility for any and all such risks while participating in Varsity Athletics at Whitman College. I also agree to the following:

1. Voluntarily assume all risks associated with my participation in Varsity Athletics. _____(initial)
2. Accept that Whitman College and its personnel are not to be held responsible for any pre-existing medical condition(s) that I may have. _____(initial)
3. Understand that passing the pre-participation exam does not necessarily mean that I am physically qualified to participate in Varsity Athletics at Whitman College, but only that the evaluator did not find a medical reason to disqualify me at the time of the pre-participation exam. _____(initial)
4. Understand that I must refrain from practices and competition while injured or ill, whether or not receiving medical care. When under medical care I may not return to participation until I have been given permission, based on an independent exercise or profession judgment, by the Certified Athletic Trainers, Team Physician(s), or his/her designated representative after review of my condition and fitness for the rigors of my sport. This might occur during or at the conclusion of medical treatments. _____(initial)
5. Understand and agree that if I experience an injury / illness or change in my health status it is my responsibility to inform my Head Coach and the Athletic Training Staff, and to adhere to the established injury management guidelines, which might include total rehabilitation and reassessments before I am released to return to full participation. _____(initial)
6. Understand that I must wear the proper equipment as dictated by the rules of my sport. I may also have to wear padding or braces as indicated by the athletic training staff or medical personnel. Failure to do so may put me at risk for further injury. _____(initial)

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS.

Student-Athlete's Signature

Date

(parent or guardian if under 18 years of age)

Date