H.I.P.A.A. Form

RELEASE OF MEDICAL INFORMATION AUTHORIZATION

In accordance with the standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provides for the release of medical information to the appropriate listed personnel.

This is to authorize the release of medical information, to or between, the Franklin High School Department of Athletics Division of Sports Medicine (i.e. Franklin Certified Athletic Training Staff, Baltimore County Team Physician Staff, and consulting physicians), coaching staffs, and the Administrative Athletic Department personnel concerning injuries or illnesses relating to my participation in athletics, past, present, or future, at Franklin High School.

_____
Date

_____
Sport(s)

_____
Student-Athlete's Name – Printed

_____
Student-Athlete's Signature

_____
Social Security Number

_____
Parent/Guardian Signature