

**BARD COLLEGE SPORTS MEDICINE
HIPAA STATEMENT**

HIPAA stands for **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct and was created to increase the privacy of individuals' personal health information. It affects all those who are in contact with medical records or personal health information. Under this law, certified athletic trainers (ATC's) will not be able to speak to anyone in regards to an injury or condition unless a release is signed.

By signing below I am allowing **FULL** disclosure of my personal health information and information in regards to any athletic injury I may sustain while participating in intercollegiate athletics at Bard College.

All of the following individuals may be told about my condition:

Coaches

Bard College Administration/Student Services

Parents

Athletic Director

Team Physicians and Doctor's Office Staff

Bard College's Insurance Agent

NAME: (Print) _____

SIGNATURE: _____

DATE: _____

ATC SIGNATURE: _____

DATE: _____