

**KENT STATE UNIVERSITY  
ATHLETIC TRAINING PROGRAM**

**ATS AND ATSA CONFIDENTIALITY AND RELEASE OF INFORMATION**

_____ Name of STUDENT - Please Print
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Every student-athlete in the Department of Intercollegiate Athletics has a legal right to confidentiality. This right is to be strictly enforced by the Athletic Healthcare Staff in Intercollegiate Athletics. All that you may witness or learn about the student-athletes is considered **ABSOLUTELY CONFIDENTIAL**.

Personnel may **not**:

1. Remove any student-athlete health information from the premises. This includes going through any health information record and sharing this information with students, other staff, or faculty, not directly associated with the healthcare of the student-athlete; excepting the following:

- Sport Coaches
- Strength & Conditioning Coaches
- Athletic Administrators
- Healthcare providers, directly related to the ongoing care of the student-athlete
- Other AT Staff (inc Full-time and ATS/students in AT education-clinical)
- Medical Insurance Coordinators
- Academic Counselors
- Anyone else directly involved in the student-athlete's participation in athletics

2. Discuss any injury/illness or give out any information to anyone who is not an Athletic Healthcare staff member (unless as specified above), or anyone outside the Department of Intercollegiate Athletics. This includes giving out student-athlete (client) names, situations, circumstances, or appointment times whether in person, on the phone, or any other electronic communication device. Personnel must give the standard response that all health information is confidential.
3. Randomly read through any student-athlete health information record without specific need.

Remember that CONFIDENTIALITY OF HEALTH INFORMATION RECORDS IS OF PARAMOUNT IMPORTANCE and any violation or suggestion that this confidentiality is being violated is an infringement of the student-athlete rights and grounds for possible dismissal and civil prosecution.

I, the undersigned, understand that I am expected to obey confidentiality laws (HIPAA and FERPA) and the Department of Intercollegiate Athletics' policies, and that any information illegally taken or spoken out of the proper environment will result in disciplinary action up to and including discharge.

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature  
(ATP Program Coordinator or Clinical Coordinator):

\_\_\_\_\_  
Date