## Student-Athlete Authorization/Consent for Disclosure of Protected Health Information for NCAA-Related Research Purposes

I, nereby authoriz	e
Name of Student-Athlete	Name of my Institution
and its physicians, athletic trainers and health ca information including, without limitation, any inform participation related to or affecting my training for at National Collegiate Athletic Association (NCAA), contractors. I further authorize the NCAA to disc herein.	nation regarding any injury, illness, treatment or nd participation in intercollegiate athletics to the and its designated employees, agents and/or
I understand that my participation and protected heal by, the NCAA, and authorized third parties to receinjury, relevant illness and participation information institutions in a manner that does not identify myself NCAA committees, athletics conferences and individe evaluate the effectiveness of health and safety rules questions. Selected de-identified summary (aggregate public as a service to further the general understand education on student-athlete health topics.	eive such information for the purpose of using in collected from multiple student-athletes and for my school. The information is provided to tual schools, and NCAA-approved researchers to and policy, and to study other sports medicine ate) data also are made accessible to the general
I am making this authorization/consent voluntarily protected by federal regulations under either the He Act (HIPAA) or the Family Educational Rights and The NCAA and institution are not requiring this authorization.	ealth Information Portability and Accountability Privacy Act of 1974 (the Buckley Amendment).
I understand that while HIPAA regulations may injury/illness information, the NCAA is committed t data will be stored securely within industry standards	o protecting my privacy. I understand that my
This authorization/consent for transfer of protected he of my signature below, but I have the right to revo notification to the director of athletics at my institution its request date and does not affect any action taken p	ke it in writing at any time by sending written on. I understand that a revocation takes effect on

Signature

Date

Printed Name of Student-Athlete