

**ATHLETE HIPAA AUTHORIZATION FORM**

Sanford Bismarck is pleased to offer sports science testing services to athletes. As a health care provider, Sanford Bismarck is subject to the Health Insurance Portability and Accounting Act (HIPAA) privacy regulation. This authorization form allows Sanford Bismarck to share testing results and relevant health information with the Bismarck Hockey Boosters, Inc. coaching staff, athletic trainers, and others to help support ongoing health and injury recovery while participating in athletic competition.

Health information that may be shared regarding \_\_\_\_\_ (“Athlete”)  
Print Name of Athlete

includes concussion and related test results or other information gathered by Sanford Bismarck concerning the Athlete’s medical condition, injuries, prognosis, diagnosis and other related personally identifiable health information, including injury reports, tests results, x-rays, progress reports and any other documentation regarding Athlete’s health status.

Athlete’s health information may be shared as necessary for Athlete’s health and injury recovery as follows:

- With Athlete’s parents/guardians for the purpose of assisting in making healthcare decisions while Athlete is an athlete.
- With coaches, assistant coaches, and other athletic staff so that they may make decisions regarding Athlete’s athletic ability and suitability to compete while an athlete.

You may refuse to sign this authorization. Your refusal will not affect your ability to obtain treatment or payment of medical expenses at Sanford Bismarck. If the person or entities who are authorized to receive the information referenced above are not health care providers or health plans covered by federal health privacy laws, they may re-disclose the information and those laws would no longer apply. This authorization expires when you no longer participate in the Bismarck Hockey Boosters. You may revoke this authorization prior to that time by contacting Sanford Bismarck at 1800 E Interstate Ave, Suite A, Bismarck ND 58503.

This form must be signed by a parent/legal guardian if the Athlete is a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of individual signing

\_\_\_\_\_  
Legal capacity (i.e. parent or guardian) (if applicable):