

## Privacy & Confidentiality Acknowledgement Form

As part of your participation in athletics you will receive coverage and care by members of the Department of Sports Medicine, at which time your medical information may be exposed to individual's involved with your health care. All of this information is considered to be confidential and remain the private rights of the individual being treated.

By signing this document, you acknowledge that such information may be shared between members of the Sports Medicine Department and it's consultants as deemed necessary by the Sports Medicine staff including those persons listed on the medical history form listed as emergency contact/ mother/ father/ guardian. Such information may also be used for educational purposes while maintaining confidentiality and privacy of your health records.

Furthermore, any interaction that you have with any medical provider or other entity that includes verbal, written or any other form of information sharing will be done in compliance with the health Insurance Portability and Accountability Act of 1997.

Any breach of confidentiality and/or privacy will not be tolerated. If such occurs, a complete inquiry will be implemented and disciplinary action will be taken as necessary against those who may have been found to breach such policies. Additional penalties may also be imposed, including but not limited to those administered by Western Carolina University and the United States Federal Government.

As a student-athlete, I also understand that I may be exposed to the injuries of other student athletes. In such cases, no medical information that I witness to in visual or auditory manners will be divulged to any other party, fully respecting the rights of privacy and confidentiality of all other student athletes.

I, \_\_\_\_\_ (print name), have read the above stated information regarding compliance with confidentiality and privacy of information regarding student athletes and patients during my interaction and exposure with WCU Department of Sports Medicine. By signing below, I am acknowledging that I have read, understood and will abide by all rules and regulations set forth here within. I agree that if I have any questions regarding confidentiality and/or privacy issues that I will address such questions with appropriate supervisors to assure proper action at all times.

\_\_\_\_\_  
Student Athlete Signature/Date

\_\_\_\_\_  
Witness Signature/Date