

SDHSAA CONSENT FOR MEDICAL RELEASE FORM (HIPAA)

I/We the undersigned do hereby:

1. Authorize the use or disclosure of the named person on their individual's health information including the Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information for the purposes of evaluating, observing, diagnosing and creating treatment plans for injuries that occur during the time period covered by the physical form, or, from pre-existing conditions that require care plans pertaining to participation during the time period covered by the form.
 2. The information identified above maybe used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the medical care of this student.
 3. This information for which I/We are authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extra curricular activities, any limitations on such participation and any treatment needs of the student.
 4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
 5. I understand that once the above information is disclosed, there is potential for it to be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations. Schools, school districts and school personnel are to uphold the bounds of FERPA as such, disclosure and re-disclosure by schools or school employees must be done in compliance with the FERPA guidelines.
 6. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sigh this form to ensure healthcare treatment.
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