

Student Athlete Authorization/Consent  
for  
Disclosure of Protected Health Information  
to the  
University of Louisiana at Monroe Sports Information Office and Various Media Outlets that  
cover ULM Athletics

I, \_\_\_\_\_, hereby authorize The University of Louisiana at  
Name of Student Athlete

Monroe Department of Athletics and its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics to the University of Louisiana at Monroe Sports Information Office and its employees or agents.

I understand that my protected health information will be used by the University of Louisiana at Monroe Sports Information Office for the purpose of injury list reports to be released to the various media outlets that cover ULM Athletics.

I understand that my injury/illness information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that my institution will not condition any healthcare treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA or conference athletics.

I also understand that the various media outlets are not covered by the Buckley Amendment or HIPAA and these regulations will not apply to the Media outlets use or disclosure of my injury/illness information.

This authorization /consent expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the athletic director at my institution. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent.

\_\_\_\_\_  
Printed Name of Student Athlete

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date