Health Information and Confidentiality

Dordt University and its healthcare entities (student health services, athletic training department, and team physicians) are dedicated to protecting and maintaining the privacy of all students and staff individually identifiable health information as covered under the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Therefore, all health and insurance information acquired by the athletic training department is handled confidentially within the offices of the athletic training department, campus nurses, team physicians, and secondary insurance company. Dordt University reserves the right to discuss and disclose medical and insurance information with all medical providers related to injuries from athletic competition.

However, any disclosure of medical information regarding an athlete’s injury outside of these sources will be at the sole discretion of the athlete. If an athlete wishes to disclose information to ANY entity (this will include parents for those 18 years of age and older) they will be required to fill out the proper form for the Release of Medical Information.

All forms regarding information releases are located in the office of the athletic training department and must be picked up, filled out and submitted to the head athletic trainer. Any information released will be done by the head athletic trainer or his representative, and only to the student designated agencies or entities. Coaches are directed to not release any information relating to athletic injuries and should refer all questions to the head athletic trainer. Parents and other individuals wishing further information on this subject are encouraged to contact the head athletic trainer.

This form is good for 1 year following date of signature. This form, or any part of this form, may become void with a request in writing and signature of athlete.

Medical Consent – Part I
I acknowledge receipt of, have read, and do understand Dordt University’s Health Information and Confidentiality practices. I understand that this notice describes how health information about me may be used and disclosed, and how I can get access to my individually identifiable information.

__________________________________________________ Date __________________

Athlete’s Signature (If you are under 18 years of age, your parents must also sign.)

I hereby grant permission on behalf of my minor son or daughter or my ward.

__________________________________________________ Date __________________

Parent or Guardian

Medical Consent – Part II
I hereby grant permission to the Dordt University Sports Medicine team and school physicians, or other physicians designated by Dordt University, to provide me with any medical care or surgical care that they deem reasonably necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during Dordt University athletic activities.

If reasonably necessary to provide the care described in the preceding paragraph, I grant permission to Dordt University officials to hospitalization at an accredited hospital.

__________________________________________________ Date __________________

Athlete’s Signature (If you are under 18 years of age, your parents must also sign.)
I hereby grant permission on behalf of my minor son or daughter or my ward.

________________________________________
Date

Parent or Guardian

Authorization for release of information – Part III

I hereby authorize Dordt University Athletic Administration, athletic trainers, team physicians and coaches to release medical information to the Dordt University Sports Information Department, various media outlets, insurance carriers, and parents or guardians any information concerning illness or injury relative to my past, present or future participation in athletics at Dordt University.

I hereby authorize any medical facility, physician, or medical personnel who has attended me to disclose when requested by Dordt University, any and all information regarding my illness or injury, medical history, consultation, diagnostic tests, treatment, recommendation and copies of all hospital or medical records.

A photo static copy of this authorization shall be considered valid and effective as the original.

________________________________________
Date

Athlete’s Signature (If you are under 18 years of age, your parents must also sign.)

I hereby grant permission on behalf of my minor son or daughter or my ward.

________________________________________
Date

Parent or Guardian

Shared Responsibility for Sports Safety – Part IV

The responsibility for sport safety must be shared by all. Included in this group should be administrators, coaches, physicians, athletic trainers and student-athletes as well. Dordt University provides appropriate protective equipment for athletes involved in some sports. Serious injuries may result from participation in sports, regardless of proper supervision and appropriate equipment being utilized. I, the undersigned, am aware that there is a certain risk of injury involved in my participation in Intercollegiate Athletics at Dordt University. I understand that my signature does not relieve the University of responsibilities to me. This document is intended to make me aware of my responsibility in preventing potential injuries, complying with the treatment plan of the Dordt University athletic medical staff, and that there is risk of injury. I understand that this includes the risk of spinal cord and brain injury that may result in paralysis and the possibility of other permanent injury or death.

I have read the above shared responsibility statement. I acknowledge the fact that these risks exist and I am willing to assume responsibility for such risks while participating at Dordt University.

________________________________________
Date

Athlete’s Signature (If you are under 18 years of age, your parents must also sign.)

I hereby grant permission on behalf of my minor son or daughter or my ward.

________________________________________
Date

Parent or Guardian

Return this form to:
Dordt University Athletic Trainer
700 7th Street NE Sioux Center, IA 51250