



**Student-Athlete Authorization  
For  
Disclosure of Protected Health Information**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_  
( the “student athlete” ), hereby authorize the certified athletic trainers and/or sports medicine staff representing Star Physical Therapy LLC to gather and release information regarding the student-athlete’s protected health information and related information regarding any injury or illness during the student-athlete’s preparation for and participation in athletics at \_\_\_\_\_ School ( the “School” ). This protected health information may concern the student-athlete’s medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related individually identifiable health information. This protected health information may be released to other healthcare providers, hospitals and/or medical clinics and laboratories, athletic trainers, athletic coaches, medical insurance coordinators athletic and/or school administrators and officials of the Tennessee Secondary School Athletic Association.

I understand that as a parent/legal guardian my authorization/consent to the disclosure of the student-athlete’s protected health information may be a condition for the student-athlete’s participation in interscholastic sports at the School. I understand that the student-athlete’s protected health information is protected under Federal law. I, the parent/legal guardian, understand that once information is disclosed per this authorization, the information is subject to re-disclosure by the recipient and may no longer be protected under federal law. I may revoke this authorization at any time by notifying the schools athletic director in writing, but if I do, it will not have any effect on actions taken in reliance of my prior authorization. This authorization expires one year and ninety days from the date it is signed.

**REQUIRES SIGNATURE FOR AUTHORIZATION FOR  
DISCLOSURE OF PROTECTED HEALTH INFORMATION**

\_\_\_\_\_  
Print Student-Athlete Name

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date Signed