



WBS KNIGHTS

HIPPA ACKNOWLEDGEMENT

I acknowledge that my child's medical information may be shared with their coaches, trainers and/or team managers. The Health Insurance Portability and Accountability Act (HIPPA) of 1996 and The Family Educational Rights and Privacy Act (FERPA) of 1974 requires that we guard the privacy of your protected health information. You have the right to confidential treatment of all information and records pertaining to your care; as well as full consideration of privacy concerning your treatment and rehabilitation plan. You also have the right to be advised as to the reason for the presence of any individual during the course of your medical care.

If you sustain an injury while participating in the youth hockey program at the Wilkes-Barre/Scranton Knights, it is important to understand that we may need to discuss your injury with your coaches, parents, and/or other people involved in your care. We may discuss issues relevant to your care only under the following circumstances:

- You have signed the Medical Information form which permits us to disclose health information to the parties mentioned.

Please note that even when you have signed this authorization allowing us to share your health information, it is important to know that we will only release the minimum amount of information necessary to protect you and your child.

This authorizes the team managers, coaches, related health providers and other medical personnel representing the Wilkes-Barre/Scranton Knights to release information concerning your child's medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information to other coaches, assistant coaches, other athletic staff, and team personnel when deemed appropriate. I understand that the entities that receive the information may not be health care providers or health plans covered by federal privacy regulations, and that the information described above may be disclosed publicly and the information will no longer be protected by those regulations. I understand that I may revoke this authorization at any time by notifying the President of the Wilkes-Barre/Scranton Knights in writing. I also understand that I am not required to sign the authorization in order to be eligible to participate in the program. The authorization expires six years from the date the Medical Information Form is signed.