

# Lewisville ISD

## Authorization for the Release of Medical Information

The Family Educational Right of Privacy Act of 1974 (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete's educational record. Also, the Health Insurance Portability and Accounting Act of 1996 (HIPAA) allows the disclosure of information from treating physicians.

This authorization permits the athletic trainers and team physicians of Lewisville ISD to obtain and disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties listed below. This information includes injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that Lewisville ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the athletic trainers at the high school. I understand revocation will not have any effect on actions Lewisville ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.