South Fayette Township School District
3660 Old Oakdale Road
McDonald, PA 15057
(412) 221-4542 FAX (724) 693-8839

AUTHORIZATION FOR DISCLOSURE OF PROTECTED
HEALTH INFORMATION BY THE SOUTH FAYETTE TWP. SCHOOL DISTRICT

I,_____(print name), parent or legal guardian of, _____ hereby authorize the school nurse and athletic department to use and/or disclose the protected health information on the attached health history and physical exam form to the athletic trainer, coach, school physician/team physician, athletic director/assistant, and emergency response personnel. The purpose of this use or disclosure of protected health information is for the development and provision of any necessary health care while participating in athletics during the 2020-2021 school year.

NOTICE OF IMPORTANT RIGHTS

You have the right to revoke this authorization at any time. In order to revoke this authorization, you must notify the school nurse or athletic director in writing of your revocation. Your revocation will be effective immediately upon receipt by the school nurse or athletic director.

The protected health information used or disclosed in accordance with this authorization could be redisclosed by the recipient upon transfer to another school district and no longer protected by the privacy policies of South Fayette Township School District or the requirements of the Health Insurance Portability and Accountability Act of 1996.

South Fayette School District is a HIPAA compliant district that follows all HIPAA policies and procedures. For questions regarding HIPAA policies and procedures, contact Brian Tony, Director of Finance/Human Resources and HIPAA Privacy Officer. To initiate a complaint regarding HIPAA compliance, contact Dr. Kenneth Lockette, Superintendent of Schools and HIPAA Complaint Officer.

My signature below acknowledges that I have read this Authorization for Disclosure of Protected Health Information and Notice of Important rights.

_____ _____

Athlete's signature Date

_____ _____

Signature of parent/legal guardian Date

_____ _____

Signature of parent/legal guardian Date