



WALTON COUNTY SCHOOL DISTRICT



MEDICAL INFORMATION RELEASE

INTRODUCTION: The privacy of medical records and information is protected and insured by new legislation entitled the Health Insurance Portability and Accountability Act, or HIPAA as it is referred to. This law was developed to safeguard information about an individual's medical status from improperly being shared, discussed or released without their knowledge. The law is totally inclusive and does not allow for the beneficial communication about medical conditions or status.

CONCERN: When an individual, especially a minor, participates in an extra-curricular activity, there is always potential for injury or illness that may limit or prohibit participation. In order to make good decisions about the participation status of an individual, sponsors, coaches, directors, and chaperones need to have the most and best information possible about the medical condition of the participant. In accordance with HIPAA regulations, that information may only be given by the parent or guardian of the minor participant (under 18) or the non-minor participant (18 or over). Medical providers including doctors, physical therapists, nurses, trainers, etc, may not directly discuss any medical condition of an extra-curricular activity participant with the director of the activity without written consent from the parent or guardian or the adult participant.

REQUEST FOR CONSENT: Medical providers respect the right to privacy but also understand the need to communicate with activity directors about the participation status of individuals in their care. To accomplish this, a written consent form must be completed indicating the extent that this communication may occur. Three basic levels of consent are possible. These are (a) total consent (b) no consent (c) limited consent. This form serves as a request for a parent/guardian or adult participant to choose the level of consent desired. There should be an understanding that total consent is still communication only to those individuals who need to know the medical status of the participants.

PLEASE COMPLETE THE FOLLOWING:

I, _____, the parent or guardian of _____,
an extra-curricular participant of _____ school give the consent as
indicated below for the communication between medical providers and activity sponsors
relative to the status of participation.

CIRCLE ONE:

- A. TOTAL CONSENT
- B. NO CONSENT
- C. LIMITED CONSENT as noted below
 - 1. All sponsors except _____
 - 2. No sponsors but _____

(signature of parent or guardian)

(date)