



## Student Athlete and Patient Confidentiality Form

As part of your interaction with those seeking coverage and care by members of the Department of Sports Medicine, you will be exposed to information regarding individual's medical record and health status. All of this information is considered to be confidential and remains the private rights of the individual being treated.

By signing this document, you are agreeing to keep confidential between only you and your immediate supervisor all interaction, knowledge, communication, and exposure that you have with student athletes and patients as the information relates or has the potential to relate to their health status, previous medical history or potential prognosis regarding any situation.

Only under circumstances whereby a student athlete and/or patient has granted specific written permission to divulge information as it relates to a specific illness and/or injury and designates to whom such information can specifically be shared are allowed to disseminate any information, formal or informal regarding one's health status.

Furthermore, any interaction that you have with any medical provider or other entity that includes verbal, written or any other form of information sharing must be done in compliance with the Health Insurance Portability and Accountability Act of 1997.

Any breach of confidentiality and/or privacy will not be tolerated and will result in your immediate removal from any sports medicine venue permanently. Additional penalties may also be imposed, including, but not limited to, those administered by James Madison University and the United States Federal Government.

I, \_\_\_\_\_ (print name), have read the above stated information regarding compliance with confidentiality and privacy of information regarding student athletes and patients during my interaction and exposure with JMU Department of Sports Medicine. By signing below, I am acknowledging that I have read, understood and will abide by all rules and regulations set forth here within. I agree that if I have any questions regarding confidentiality and/or privacy issues that I will address such questions with appropriate supervisors to assure proper action at all times.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Witness Signature/Date

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