

HIPAA Privacy Authorization Form

For Lightweight Only

Authorization for Use or Disclosure of Protected Health Information. Required by the Health
Girl Portability and Accountability Act, 45 C.F.R. Parts 160 and 164.

****Authorization****

1. I authorize _____ (Athletic Trainer)
to use and disclose the protected health information described below to: Scholastic
Rowing Association of America (SRAA).

****Effective Period****

2. This authorization for release of information covers the period of healthcare from:
_____ to _____.

****Extent of Authorization****

3. I authorize the release of my health assessment and information pertinent to the
SRAA Lightweight Health Certificate.
4. This medical information may be used by the person I authorize to receive this
information for consultation or other purposes as I may direct.
5. This authorization shall be in force and effect until _____ at which
time this authorization expires.
6. I understand that I have the right to revoke this authorization, in writing, at any time. I
understand that a revocation is not effective to the extent that any person or entity
has already acted in reliance on my authorization or if my authorization was obtained
as a condition of obtaining insurance coverage and the insurer has a legal right to
contest a claim.
7. I understand that information used or disclosed pursuant to this authorization may be
disclosed by the recipient and may no longer be protected by federal or state law.

Signature of patient or personal representative

Date

Printed name of patient or personal representative

Relationship to patient