



**REDISCLASURE:** I understand that School Officials and/or Coaching Staff are not health care providers, and do not have to follow federal privacy standards. The health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information may be redisclosed without obtaining my authorization.

**YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:**

- **Right to Receive a Copy of this Authorization:** If I agree to sign this authorization, I must be provided with a signed copy of the form.
- **Right to Refuse to Sign this Authorization:** I understand that I am under no obligation to sign this form. If I chose not to sign this form, this may limit my ability to participate in sports because coaching staff need to be made aware of student health issues that impact students' participation in athletic events.
- **Right to Withdraw this Authorization:** I understand written notification is necessary to cancel this authorization. To obtain information on how to withdraw my authorization or to receive a copy of my withdrawal, I may contact Bellin Health at the address noted above. I realize that if I cancel this authorization, it will not affect disclosures of my information that have already occurred based upon my authorization.

Photocopy/fax copy is as valid as the original.

**Note to the student and recipient of information:** This disclosed information is protected under Federal Law titled Standards for Privacy of Individually Identifiable Health Information 45 CFR Parts 160 & 164 and by Wisconsin Statute 146.82 and 146.83. Federal regulations prohibit you from making any further disclosure of this information without specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.