



Cornell University

Cornell Health

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**Student Athlete Authorization for Disclosure of Personal Health Information:
Substance Use / Mental Health Care**

Federal Regulations such as The Health Insurance Portability and Accountability Act and 42 CFR requires that we protect the privacy of all your protected health information. You have a right to confidential treatment of all information and records pertaining to your care.

Best practices in health care indicate that collaboration between a student athlete's sports medicine team (including athletic trainers) and medical and mental health and/or substance use providers is optimal to supporting the student's well-being.

This authorization allows these professionals to share your health information only when necessary to support your health and well-being. If you receive mental health or substance use services from Cornell Health, in some circumstances your athletic trainer might need to consult with your Cornell Health provider to support your care. You can revoke this permission at any time by connecting with Cornell Health's Privacy Officer as noted below.

Authorization:

- I hereby authorize Cornell University's Sports Medicine team (including athletic trainers) to contact Cornell Health's Counseling and Psychological Services (CAPS) department to confirm my receiving mental health and/or substance use services. If I am receiving services, I allow the sports medicine team (including athletic trainers) to consult with my counselor when more information about my mental health and/or substance use is needed to support my well-being.
- I understand that athletic trainers have access to some of my medical records through Cornell Health's electronic health record, they do not have access to my mental health and/or substance use records.
- To protect my privacy, I understand that only the minimum amount of information necessary will be released.
- To protect my privacy, I understand that the sports medicine team (including athletic trainers) will only consult with my Cornell Health counselor when they feel it is in my best interest.
- I understand this authorization will need to be signed on an annual basis.
- I understand I am able to revoke this part of the authorization by providing written notices to the athletic trainer providing my care, and to Cornell Health's Privacy Officer (hipaa@cornell.edu; 607.255.7896).
- I understand that my provider may not refuse to treat me if I refuse to sign this authorization.

I verify by my signature that I understand and agree with the terms of this student athlete authorization.

Student Signature _____ Date _____

Upload signed form to mycornellhealth.health.cornell.edu > Medical Clearances > "Athlete: Doc. Upload."
You may also provide a signed copy to your athletic trainer.