



Office of Sports Medicine

Keystone Hall, Sports Medicine
Kutztown, PA 19530

Office: (610) 683-4085

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE REQUIRED ACKNOWLEDGEMENT OF RECEIPT OF THIS FORM IS FOUND AT THE BOTTOM OF THE DOCUMENT.

The staff members of Kutztown University Sports Medicine (KUSM) follow privacy practices that are based on the Family Educational Rights and Privacy Act (FERPA). FERPA is the law that protects the privacy of your education records at Kutztown University, including records maintained by KUSM.

- FERPA also provides you with access to information. Health and Wellness Services (H&WS) may send you reminders about appointments and provide you with other information in order to inform you of treatment alternatives or benefits or services related to your health. In addition, under FERPA, you have the right to inspect and review your education records; if you wish to review education records maintained by KUSM, you must submit a written request to KUSM.
- FERPA also permits the University to share your medical information with other individuals or entities when you have provided written consent. Examples of these situations are as follows:
 - You may want the University to provide information to your insurance company, so that it will reimburse you for expenses.
 - You may want the University to provide information to your family physician.
 - You may need to provide proof of an immunization or another record to an entity for licensure or employment purposes.
- FERPA also identifies the situations in which the University may disclose education records without your prior consent:
 - Health and Safety Emergencies: The University may disclose student information on an emergency basis when that information is necessary to protect the health and/or safety of the student or University community.
 - School officials with legitimate educational interest: FERPA permits the University to share information with other school officials who have a legitimate educational interest. This sharing of information does not require your consent. A legitimate educational interest is an interest directly related to the academic environment. Therefore, KUSM may share information with other members of Kutztown University's team of healthcare providers, as well as Student Affairs professionals, who are school officials who may have a legitimate educational interest in the information.
 - Judicial Order or Subpoena: FERPA also permits the University to provide information when it is required by a subpoena or court order. The University will make every effort to provide advance notice to the student unless the subpoena or order prohibits such notification. Educational records will be disclosed to the U.S. Attorney General or his/her designee in response to an order concerning an authorized investigation or prosecution of domestic or international terrorism without prior notice to the student.
 - Parents of a student who is dependent for federal tax purposes may have access to information from student records maintained by KUSM. The University's FERPA policy provides information about how parents may demonstrate that the student is dependent.
- Most of the records maintained by KUSM are treatment records under FERPA. Treatment records are records on students that are made or maintained by a physician, psychiatrist, psychologist, Athletic Trainer or other recognized professional or paraprofessional acting or assisting in that capacity are not subject to the provisions of access, disclosure and challenge. Such records, however, must be made, maintained, or used only in connection with the provision of treatment to the student and are not available to anyone other than the persons providing treatment or a substitute. Such records may be personally reviewed by a physician or other appropriate professional of the student's choice.

For more information about FERPA visit: <https://www.kutztown.edu/FERPA>

****ACKNOWLEDGMENT:**

I acknowledge receipt of and agree to the information concerning the Notice of Privacy Practices from Kutztown University Sports Medicine.**

_____	_____	_____
Student-Athlete (Print Name)	Birth Date	Sport
_____	_____	
Signature of Student-Athlete	Date	
_____	_____	
Signature of Parent/Guardian (if the student-athlete is a minor)	Date	