



UNIVERSITY OF TORONTO MISSISSAUGA
Department of Recreation, Athletics & Wellness

Student-Athlete Authorization to Release Health and Academic Information

University of Toronto Mississauga – Integrated Support Network

The Personal Health Information Protection Act (PHIPA) of 2004 and the Freedom of Information and Protection Privacy Act (FIPPA) of 1998 require that we guard the privacy of your protected health, academic, and any other student-athlete information. You have the right to confidential treatment of all information and records pertaining to your care, as well as full consideration of privacy concerning your treatment and rehabilitation plan, your academic support program, and any other support measures put in place by the Integrated Support Network. You also have the right to be advised as to the reason for the presence of any individual during the course of your medical care. If you sustain an injury, illness, mental health concern or begin to struggle academically while participating in varsity program at the University of Toronto Mississauga, it is important to understand that we may need to discuss the information with your coaches and/or other people involved in your care, including on-campus resources. We may discuss issues relevant to your care only under the following circumstances:

1. You have given oral or implied consent through your actions.
2. You have signed the authorization form below, which permits us to disclose health and academic information to the parties mentioned.

Please note that even when you have signed this authorization allowing us to share your health information, it is important to know that we will only release information on a need to know basis, or where required by law.

Name: _____ Sport: _____

By signature below, this authorizes the core members of the Integrated Support Network, namely the certified athletic therapist, academic and accessibility advisors, strength & conditioning coach, and athletic director and supervisor representing the University of Toronto Mississauga, to release information concerning my medical status, medical condition, injuries, prognosis, diagnosis, academic status and related personally identifiable health, mental health, and academic information to head coaches, assistant coaches, other athletics staff, and other medical personnel when deemed appropriate.

This information includes injuries, illnesses, or academic status related to past, present or future participation in athletics at the University of Toronto Mississauga. I understand that the entities that receive the information may not be health care providers, and permit the core members of the Integrated Support Network to communicate and view my health and academic records pertaining to my participation in the OCAA Varsity Program at the University of Toronto Mississauga. Oral, written, and electronic methods of communication and documentation will be used, while adhering at all times with PHIPA and FIPPA to ensure your personal information is secured.

This authorization expires one year from the date it is signed.

Signature of the Student-Athlete

Date

Signature of Parent/Legal Guardian (If student-athlete is under 18 years of age)

Date