

DELTA STATE UNIVERSITY ATHLETIC TRAINING PROGRAM

**CONFIDENTIALITY STATEMENT
for
ATHLETIC TRAINING STUDENTS**

I, _____, understand that information in the
Please Print Full Name
offices of the Athletic Training Facilities at Delta State University and the offices of all affiliated sites is confidential and may not be divulged to anyone except the person who owns the information, those faculty, staff or administrators who have a need to know and those individuals or agencies who fulfill the requirements under the Federal Educational Rights and Privacy Act of 1974, as amended (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). If I release confidential information or discuss confidential information outside of the offices mentioned above, I understand that I will be immediately discharged from the Athletic Training Program at Delta State University.

I have read the above statement and agree to maintain the confidentiality of all information that I have access to through the said offices.

Athletic Training Student Signature

Date

Witness Signature

Date