

Samford University
Athletic Training Education

**Confidentiality Agreement
For
Athletic Training Students**

I, _____, understand the information maintained in the offices of the Samford University Athletic Training Room and the Athletic Department are confidential and may not be divulged to anyone except the person who owns the information, those faculty, staff, or administrations who have need to know and those individuals or agencies who fulfill the requirements under the Federal Educational Rights and Privacy Act (FERPA) of 1974, as amended and the Health Insurance Portability and Accountability Act (HIPAA). If I release confidential information or discuss confidential information outside of the appropriate office, I understand that I will be immediately dismissed from the Samford University Athletic Training Education Program.

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

Signature of Athletic Training Student

Date

Signature of Witness (staff member only)

Date