

**Athletic Training Education Program
Tusculum College**

**Prospective and/ or Athletic Training Student
Medical Confidentiality Disclosure Statement**

I, _____ (Print Name), understand that by serving as an athletic training student in the Tusculum College athletic training education program, I am exposed to a great deal of medical information concerning athletes and patients that is confidential. I agree not to disclose any information about an athlete's or patient's medical condition or other relevant medical information concerning an athlete's or patient's health status. This includes but is not limited to releasing information to the media, coaches, Tusculum College employee's, and the general public. I understand that **if I do disclose confidential information I will put myself at risk of any liability associated and will be released from the athletic training program immediately.**

Student's Signature

Date

Witness Signature

Date