

Blank Application packet

Taken from the MAT handbook appendix



**Student Confidentiality Agreement
HIPPA & FERPA Agreement**

I agree to abide by the Athletic Training Program at Arkansas State University by the Program handbook, NATA code of ethics, Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPPA) as they relate to maintaining the confidentiality of all information. I understand that the Athletic Training Program reminds its students of their confidentiality obligation on a periodic basis to help ensure compliance.

I agree to maintain confidentiality of all academic and medical information that is considered by the Athletic Training Program to be private and confidential. This information can pertain to MAT student academic, health, or application materials or any other information names as confidential by the MAT administration.

I further agree to maintain the confidentiality of any information pertaining to any athletes/patients that I am exposed to during my clinical experience rotations. I understand that by doing so, I am violating HIPPA law and risk expulsion from the program.

I agree not to reveal, disclose or otherwise allow any other person(s) to gain access, directly or indirectly, to confidential information.

I understand that I will be subject to disciplinary action if I violate this Confidentiality Agreement. Disciplinary action may include dismissal from the Athletic Training Program.

By my signature below, I commit to maintaining confidentiality.

Print name: _____

ASU ID number: _____

Signature: _____

First year: _____

Second year: _____