

LIBERTY UNIVERSITY – ATHLETIC TRAINING PROGRAM (MSAT)
ATS Confidentiality Agreement Form – REQUIRED

Confidentiality about medical or personal information gained concerning a student-athlete or patient during a visit for health care is of highest priority. It is critical that all ATSs who provide health care services honor and support this commitment to strict confidentiality. Failure to do so may result in legal litigation and serious discipline, including possible elimination of all activity associated with the Liberty University Athletic Training Education Program.

Medical/personal information is defined to include the student-athletes or patient’s name, treatment(s), injury diagnosis or other health conditions, and any academic or personal information gained during association through the Liberty University Athletic Department or any other affiliated clinical site. Revealing any portion or part of a student-athlete’s or patient’s health record, revealing or discussing any material pertaining to the student-athlete whether medical or personal, will be construed a breach of confidentiality.

Any information gained about a student-athlete or patient, including knowledge of medical treatment in the Liberty University Athletic Training rooms or any other affiliated clinical site, must not be shared with anyone outside of the supervising certified Athletic Training staff. Furthermore, individuals should not acknowledge they know any privileged information unless the student-athlete or patient initiates that conversation, whether in the Athletic Training room or a social setting. In addition, personal information regarding a student-athlete or patient should not be shared with a third party under any circumstances. This is to protect the student-athlete from unwanted intrusion. If the ATS has any question about what is confidential, it should be assumed that information is protected until cleared by the supervising Preceptor.

LU ATP Athletic Training Student: Providing my Legal Signature below confirms that I certify that I have read, fully understand, and agree to adhere to this Confidentiality Agreement and will protect the confidentiality of every student-athlete/patient as described above. I also understand that violation of Confidentiality Agreement is grounds for immediate dismissal from the LU ATP.

Legal Signature: _____ **Date:** ___/___/20__

(Printed FULL Legal Name): _____

Witness’ Signature: Providing my Legal Signature below confirms that I certify that I have witnessed the legal signature, on the date provided above, by the LU ATP Athletic Training Student.

Legal Signature: _____ **Date:** ___/___/20__

(Printed FULL Legal Name): _____