



Orthopedic and Sport Rehabilitation (OSR) Physical Therapy, LLC would like to directly communicate your student athlete’s progress, as it pertains to his/her episode of care, with his/her coach(es). The release of your student athlete’s personal health information (PHI) from OSR Physical Therapy would be used strictly to keep the coaches informed on their athlete’s progress, and any issues or limitations in regards to the athlete’s practice and/or performance in the sport.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to obtain authorization from a parent/guardian to release PHI to an individual that:

- Is not directly related to a patient’s continuation of care
- Is not a licensed medical professional

In order to share personal health information with a coach or coaches, please complete the authorization to release PHI from Orthopedic and Sport Rehabilitation to your student athlete’s coach.

Please feel free to call Orthopedic & Sport Physical Therapy at 952-512-2470 for any questions.

I _____ allow Orthopedic and Sport Rehabilitation, LLC (OSR Physical Therapy) to release/communicate personal health information about my son/daughter, _____, to the coaches listed below as it pertains to his/her performance in their sport and directly relates to the episode of care he/she is being seen for at OSR Physical Therapy

Coach’s Name	Sport	School	Phone Number	Coach’s Email

By checking this box, I authorize OSR Physical Therapy to communicate personal health information electronically via email to my son/daughter’s coach.

Parent Signature: _____ Date: _____