



Athletic Training Education Program

By my signature/date below, I hereby verify that I have completed the SIUC HIPAA presentation and agree to abide by the Southern Illinois University Carbondale Athletic Training Education Program Student Handbook regarding any and all matters of patient confidentiality and/or protected health information.

Signature

Date

Printed Name

Please Return Completed Form either by mail or in person to:
Toby Brooks, PhD, ATC, CSCS
Program Director
SIUC Athletic Training Education Program
Davies Hall Room 109, Mailcode 4310
1075 S. Normal Avenue
Carbondale, IL 62901

Completed forms may also be faxed to 618.453.3329