

To: Athletic Participants and Parents/Legal Representatives
From: Carle Richland Memorial Hospital Orthopedic and Sports Medicine Department and
_____ School
Subject: Care & Safety of Student Athletes

To assist with student safety during athletic programs, our school works with Athletic Trainers from Carle Richland Memorial Hospital Orthopedic and Sports Medicine.

The Carle Athletic Trainer may:

- attend practices and events
- work with students and coaches to help assess injuries and fitness for participation
- provide training and safety advice as described by the athlete's physician

Please review the packet which includes:

- Patient Rights & Responsibilities and Privacy Notice: Legally required
- Consent: Gives the athletic trainer permission to work with the athlete
- Release of Information: Indicates if health information can be shared between Carle Richland Memorial Hospital and the School

Pages 10, 11, and 13 of this packet must be completed and returned to
_____ before the student athlete can participate in school
athletic programs.

Patient Rights and Responsibilities

The staff and physicians at Carle Richland Memorial Hospital respect the dignity and rights of each individual and take seriously our responsibility to provide the highest quality medical care available.

You and your family have rights and responsibilities under state and federal law. We want you to understand these rights and responsibilities. If for any reason you do not understand these rights and responsibilities, we will provide assistance, including an interpreter. If you need other assistance, please contact a patient representative at (618) 395-6053.

YOU AND/OR YOUR REPRESENTATIVE HAVE THE RIGHT TO:

- Receive fair treatment regardless of age, race, color, religion, sex, national origin, disability, sexual orientation, or ability to pay.
- Have visitors during designated visiting hours during your visit to Carle Richland Memorial Hospital and the right to have any visitors you deem appropriate.
- Receive considerate and respectful care in a clean, comfortable, and safe environment, free from unnecessary punitive or coercive restraints and/or seclusion. You have the right to be free from physical or mental abuse, and corporal punishment while visiting Carle Richland Memorial Hospital.
- Know the name and position of the doctor who will be in charge of your care and any staff involved in your care.
- Receive emergency care if you need it.
- Have your pain managed effectively. This includes:
 1. Staff who tells you about pain and pain relief measures.
 2. A concerned staff committed to pain management who responds quickly to your complaints of pain.
- Access protective services. Protective services cover child abuse and neglect and victims of sexual assault.
- Ask for a second opinion about any treatment. If your insurance does not cover the cost of a second opinion, you will be responsible for payment.
- Ask that a family member, representative, and your own doctor be notified promptly upon your admission.
- Prepare advanced directives including a living will or durable power of attorney for health care and receive care that meets your wishes.
- Be fully informed of the reasons if you need to be transferred to another health care facility.
- Be told about your illness, treatment, and chances for recovery in the language and words you understand.
- Receive as much information as you may need in order to give or refuse consent for any planned procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- Refuse treatment and be told what effect this may have on your health. This includes leaving the hospital against your doctor's advice.
- Refuse to take part in research. You have the right to a full explanation so you can decide whether to participate.