



TO: Athletic Participants and Parents/Legal Representatives  
FROM: Carle Sports Medicine & \_\_\_\_\_ School  
SUBJECT: Care & Safety of Student Athletes

To assist with student safety during athletic programs, our school works with Athletic Trainers from Carle 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
- Universal Consent: Gives the athletic trainer permission to work with the athlete
- Release of information: indicates if health information can be shared between Carle and the school

Pages 10-13 of this packet must be completed and returned to \_\_\_\_\_ before the student athlete can participate in school athletics programs.

# Patient Rights & Responsibilities

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The staff and doctors at Carle respect the dignity and rights of each individual and take seriously our responsibility to provide the highest quality of 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 our Patient Relations Liaison at (217) 383-3333 or toll free at (855) 665-8252 or [patient.relations@carle.com](mailto:patient.relations@carle.com).

## **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 and the right to have any visitors you deem appropriate, regardless of age, gender, race, national origin, religion, sexual orientation, gender identity, or disability.
- 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.
- 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 healthcare 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.
- Confidentiality and personal privacy. All communications and records pertaining to your care will be treated in confidence.
- Consults, exams, treatment, and discussions about your care will be conducted as discreetly as your condition allows.
- Ask for emotional and spiritual support.
- Ask the ethics committee for help with medical decisions.
- Ask questions or voice concerns about care or service by talking with a staff member, including management staff and/or a patient representative in Carle Patient Relations at (217) 383-3333 or toll free at (855) 665-8252 or [patient.relations@carle.com](mailto:patient.relations@carle.com). File a complaint with:
  1. Carle by using our internal complaint and grievance procedures (as indicated in above paragraph).
  2. DNV GL Healthcare, Inc. to report complaints about a DNV accredited health care organization by either calling Complaint Report Information (866) 496-9647 or

their website [dnvglhealthcare.com/patient-complaint-report](http://dnvglhealthcare.com/patient-complaint-report).

3. Illinois Department of Public Health, Office of Health Care Regulation, Deputy Director, by calling (217) 782-2913, TTY (800) 547-0466. Or by calling the Central Complaint Registry's 24 hour hotline (800) 252-4343. By email: [dph.illinois.gov](mailto:dph.illinois.gov). By mail: 525 W. Jefferson St., 5th Floor, Springfield, IL 62761-0001.
  4. Accreditation Commission for Health Care, INC. (ACHC), Complaints Department at (919) 785-1214 or toll-free at (855) 937-2242 and ask for the complaint line or their website <http://www.achc.org/contact/complaint-policy-process>. The ACHC is the accrediting company for Carle Home Health Services.
  5. Office of the Medicare Beneficiary Ombudsman if you are a Medicare Beneficiary and have concerns or complaints regarding your medicare rights and protections by using their website <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>
  6. The Illinois State Medical Society at (312) 782-1654.
  7. The American Medical Association at (312) 464-5000.
- Review your medical record without charge and obtain a copy for a reasonable charge and in a reasonable timeframe.
  - Receive an itemized bill and an explanation of all charges.
  - Know the hospital rules and policies that apply to you, your family and your visitors.
  - Refuse care by students in training.
  - Have all medical communication interpreted by a certified interpreter in patient's language. Carle healthcare providers will contact the Communications Center for an interpreter for patients with limited English proficiency.

#### PATIENT RESPONSIBILITIES

- As a patient, you have responsibilities as well as rights. You can help yourself by taking responsibility in the following ways:
- Participate actively in decisions about your care and treatment.
- Know the name and position of the doctor in charge
- of your care and the staff involved in your care.
- Treat staff and other patients with respect and dignity.
- Respect other patients' privacy.
- Be thoughtful to other patients, families and staff and follow hospital rules about patient and visitor conduct.
- Respect Carle property.
- Let us know if you have any questions or concerns about

your treatment or care. Help us control any pain you may experience:

1. Ask your doctor or nurses what to expect about pain and pain management.
  2. Discuss pain relief measures with your doctors and nurses.
  3. Work with your doctors and nurses to develop a pain management plan that lessens pain without interfering with your recovery.
  4. Ask for pain relief when pain first begins.
  5. Tell your doctor or any clinical staff if your pain is too great.
  6. Tell your doctor or any clinical staff about any worries you have about taking pain medication.
- Give accurate and complete information about your health.
  - Answer all questions honestly and accurately.
  - Ask questions so that you understand what is happening and why.
  - Follow the treatment your care providers have planned.
  - Tell us about any changes in your condition.
  - Know what you should do about your health care when you leave the hospital, including follow-up care. Know your complete treatment plan. This includes making and keeping scheduled appointments.
  - Provide accurate and complete information about your family's health insurance or other arrangements to pay your bills.
  - Pay your bills in a timely manner. Ask about our Financial Assistance Program if you need financial assistance. Learn more by visiting [carle.org](http://carle.org) or calling Patient Accounts at (217) 326-2900.
  - Abide by our no-smoking policy. In the interest of improved health, Carle maintains a smoke-free environment in all of our facilities. Visitors may not smoke in any patient room, anywhere inside Carle buildings or in any designated non-smoking areas outside the buildings.

#### NONDISCRIMINATION POLICY

The Carle Foundation does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment, or on the basis of sex in its health programs and activities. For further information about this policy please contact Patient Relations at (217) 383-3333 or toll free at (855) 665-8252.

# Carle Foundation Hospital & Affiliate Privacy Notice

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This notice describes how your medical information may be used and disclosed, and how you can access this information. Please review it carefully.

The HIPAA Privacy Rule (HIPAA) gives you the right to be informed of the privacy practices of The Carle Foundation and its affiliates and subsidiaries (Carle), as well as the right to be informed of your privacy rights with respect to your protected health information (PHI). Carle uses health information for the treatment of patients, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive.

We value our relationships with our patients, and we know that respect for your privacy is the foundation of that relationship. We are committed to protecting the privacy of your PHI and only using and disclosing your PHI as necessary to provide you with health care services.

This Notice has been created to help you understand our legal duties to protect your PHI by describing how Carle will use and disclose your PHI. If you have any questions about this Notice, please contact Carle's Privacy & Security Official at (217) 278-8601.

## **I. WHAT IS PROTECTED HEALTH INFORMATION?**

Protected Health Information (PHI) is any information we might have about you, whether in paper, electronic, or other format, that can identify you as a patient of Carle. Some examples of PHI are:

- Medical records, including but not limited to doctors' notes and orders, x-ray films and reports, lab reports, nurses' notes, and ambulance run reports;
- Demographic information, such as your name, address, telephone number, date of birth, and religious affiliation; and
- Billing and payment information, such as the name of your health insurer.

## **II. WHO WILL FOLLOW THIS NOTICE?**

This notice describes the privacy practices of The Carle Foundation and its affiliates and subsidiaries including but not limited to, The Carle Foundation Hospital, Carle Health Care Incorporated (d/b/a Carle Physician Group); Arrow Ambulance, LLC; Carle SurgiCenter, LLC and its medical staff; Hoopeston Community Memorial Hospital (d/b/a Carle Hoopeston Regional Health Center); and Health Alliance Medical

Plans, Inc. As Affiliated Covered Entities our medical staff, employees, volunteers and students may share PHI for the joint management and operation of these entities for your treatment, payment of your claims, and for health care operational purposes. This sharing does not mean that one organization is responsible for the activities of another, but rather means we are all committed to protecting our patients' privacy rights.

## **III. OUR PLEDGE REGARDING MEDICAL INFORMATION**

We are required by law to create and maintain medical records, charts, and files of the care and services you receive at Carle. We also use this information to provide quality care to our patients. We understand that your health and medical care are personal and we are committed to protecting the PHI we maintain about you.

This Notice applies to all of your PHI at Carle. This Notice will tell you about the ways we may use and disclose your PHI, and will describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

- make sure your PHI is kept private;
- notify you after a breach of your unsecured PHI
- provide this Notice of our legal duties and privacy practices, and follow the terms of this Notice.

We are also required by federal law to follow Illinois laws that may provide you with more rights or greater protections relating to your PHI.

#### IV. HOW WILL WE USE AND DISCLOSE YOUR PHI?

The following categories summarize different ways that we may use and disclose PHI. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Any type of use or disclosure of your PHI not described in a category included in this Notice will require your written authorization before it is made.

**Health Information Exchange:** Carle participates in Health Information Exchange (HIE) networks that permit the sharing, without the consent of the patient, of electronic health records with other participating healthcare providers for the purpose of treatment. Carle may disclose individually identifiable health information to treating providers who request it, or Carle may request individually identifiable health information from other providers when Carle is providing treatment. Participating providers may access a patient's health information from other providers quickly in order to provide needed care. Information that is typically available from the HIE includes demographics, medical information including diagnoses, allergies, medications, laboratory results and radiology reports. Information available through the HIE is limited to electronic health records and does not include older health records. Health records will be available to the HIE unless an individual elects to opt-out. An individual who wishes to opt-out of participation in the HIE should contact the Health Information Management Department to request this restriction. An individual's decision to opt-out of HIE participation will not adversely affect his or her ability to receive care. However, it may affect the information available to the provider. It does not affect the sharing of health information for treatment through more traditional methods, such as having records faxed or mailed. After choosing to opt-out of HIE participation, an individual may later decide to opt back in by contacting the Health Information Management Department.

**For Treatment** We may use and disclose your PHI to provide medical treatment or services to you. We may disclose health information about you to doctors, therapists, technicians, office staff or other personnel who are involved in your care, whether at Carle or at another office or facility.

*For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We may need to share PHI between the Carle entities or with other health care providers in order to ensure that you get the health care services you need.*

**Individuals Assisting with Your Care or Payment** We may disclose your PHI to people involved in your care, such as family members, friends, or clergy, or to other individuals who are assisting you with payment of your bills. We may also disclose PHI to a parent or legal guardian, if the services we provide are for a child or an incompetent adult.

**For Payment** We may use and disclose information about you so that the treatment and services you receive from us may be billed to your insurance company or to another individual or entity responsible for or assisting with payment of your bills.

*For example, we may disclose PHI regarding a service you received from us so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a service you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment. We may also disclose your PHI to a third-party payer who is conducting an audit related to the payment of your claims. For example, if your insurance company conducts an audit to verify our charges, we may provide that company with copies of claim forms, doctors' orders, and other records documenting your receipt of all services we billed.*

We must agree to a request by you to restrict certain disclosures of your PHI to a health plan when you pay for a service of item out of pocket, in full, prior to the service being provided.

**Workers' Compensation** We may disclose your PHI for workers' compensation purposes if you have a work-related injury or illness. Such disclosures will be made consistent with applicable state workers' compensation laws.

**For Health Care Operations** We may use and disclose your PHI for our internal business operations. These uses and disclosures help us to ensure Carle provides quality care and services to our patients. We may use your PHI along with PHI of other Carle patients to assess and improve our operations. Examples of how we may use and disclose our patients' PHI for our internal operations include:

- reviewing our treatment and services, and to evaluate the performance of our staff in caring for you;
- deciding what additional services Carle might offer, what services are not needed, and whether certain treatments are effective;
- providing you with general information about Carle and our services in newsletters and other communications;
- business management and general administrative activities;
- licensing and accreditation activities;
- teaching purposes and to provide training to doctors, nurses, technicians, medical students, and others involved in authorized training programs;
- comparing our services with the services of other health care providers to see where we can make improvements in the care we provide; and
- contacting other health care providers who also have a treatment relationship with our patients for the quality assessment and improvement activities of the other health care provider.

**Business Associates** We may disclose PHI to our business associates to enable them to perform services for us, or on our behalf relating to our operations. Some examples of business associates are our auditors, accrediting agencies, consultants, and billing and collections companies. Our business associates are required to maintain the same high standards of safeguarding your privacy that we require of our own employees and affiliates.

**Facility Directories** If you are admitted to a Carle Foundation Hospital, we may list PHI about you in our facility directory, including your name, location in the facility, and general condition. We will only disclose this information to individuals who ask for you by full name. If you provide it, we will also list your religious affiliation, but will only disclose this information to members of the clergy. If you ask, we will not disclose the facility directory information to the public.

**Fund Raising** We may use and disclose your PHI to contact you to raise funds for Carle, which are used to support our mission of providing health care services to the communities

we serve. If you do not wish to be contacted regarding fundraising, you will have the opportunity to have your name removed from our mailing list.

**Research** Under certain circumstances, we may use and disclose PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects are governed by federal rules, and are subject to a special approval process before the research begins. This process evaluates the benefits of a proposed research project and its use of PHI, trying to balance the research needs with patients' need for privacy of their medical information.

**Other Uses and Disclosures** As part of our treatment, payment and health care operations, we may also use and disclose your PHI for the following purposes:

- To remind you of an appointment;
- To communicate changes to an appointment;
- To inform you of potential treatment alternatives or options;
- To inform you of health-related benefits or services that may be of interest to you.

**Uses and Disclosures Requiring Authorization** Most uses and disclosures of psychotherapy notes will require authorization "psychotherapy notes" means the private notes of mental health professionals that are kept separately from the record. Uses and disclosures of PHI for marketing purposes and any disclosure that constitutes the sale of PHI will also require authorization.

## V. SPECIAL SITUATIONS

Carle may use or disclose your PHI in the following special situations:

**As Required By Law** We will disclose your PHI to authorities when required to do so by federal, state or local law.

Examples of these requirements include the following:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- In mandatory reporting situations, including when there is reason to suspect domestic, child or elder abuse or



neglect; About a death we believe may be the result of criminal conduct; To the Illinois Department of Human Services FOID reporting system when an individual that is receiving mental health treatment, is developmentally or intellectually disabled or is a clear and present danger to themselves or others;

- About criminal conduct at a Carle facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**For Public Health or Safety** We may use and disclose PHI when required to do so for public health activities, or as necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, we will disclose PHI to report births and deaths to the Department of Public Health. We may also disclose PHI to report, prevent, or control disease, injury, or disability.

**Health Oversight Activities** We may disclose your PHI to a health oversight agency for activities authorized by law. Examples of these oversight activities include:

- Medical device tracking, product tracking, and drug or product recalls, all of which are required by the Federal Food and Drug Administration (FDA).
- Disclosures required by Medicare or Medicaid, or another state or federal agency or oversight board to audit, investigate, inspect, or conduct other activities, which may be necessary for the government to monitor specific governmental programs, or the health care system generally.
- Disclosures required by the Secretary of the Department of Health and Human Services (HHS) to investigate or determine our compliance with the federal privacy law.

**Coroners, Medical Examiners and Funeral Directors** We may disclose PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about Carle patients to funeral directors as necessary to carry out their duties.

**Disaster Relief Efforts** We may use or disclose your PHI to appropriate disaster relief organizations engaging in disaster relief efforts, for the purpose of coordinating with such entities to notify your family or other persons involved in your health care of your location, general condition or death. We will not make such disclosures if you

object, unless we determine that restricting the disclosure would interfere with the ability to respond to emergency circumstances.

**Organ and Tissue Donation** Carle participates in certain organ donation programs. If you are or may be an organ donor, we may disclose PHI to organizations that handle organ, eye, or tissue procurement, as necessary to facilitate organ or tissue donation and transplantation.

**Military, Veterans and Government Functions** If you are or were a member of the armed forces, we may disclose your PHI as required by military command authorities. We also disclose PHI about foreign military personnel to the appropriate foreign military authority. We may also disclose PHI to the government for national security and protection activities.

**Lawsuits and Disputes** If you are involved in a lawsuit or a legal dispute, we will disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Inmates** We may disclose PHI of an inmate who is in a correctional institution or under the custody of a law enforcement official to that correctional institution or law enforcement official as necessary: (1) for the institution to provide health care; (2) to protect the health and safety of the inmate or others; or (3) for the safety and security of the correctional institution.

**Information Not Personally Identifiable** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

## VI. POTENTIAL IMPACT OF OTHER APPLICABLE LAWS

HIPAA generally does not preempt, or override other laws that give people greater privacy protections. As a result, if any applicable state or federal privacy law requires us to provide you with more privacy protections, then we must follow the law in addition to HIPAA.

Certain types of PHI may have additional protection under federal or state law. For example, mental health records, certain genetic test results, HIV/AIDS test results and federally assisted alcohol and substance abuse treatment program records are subject to special restrictions on our use and disclosure under various laws.

## VII. YOUR PRIVACY RIGHTS

You have the following rights regarding your Protected Health Information that we maintain:

**Right to Inspect and Copy** You have the right to inspect and obtain a copy of most of the PHI we maintain about you. You may be required to submit your request in writing to the Health Information Management Department. If you request

a copy of your PHI, there may be a charge for the copying, mailing and other costs associated with your request. We may deny your request to inspect or copy your PHI in certain very limited circumstances. If we deny you access to any of your PHI we maintain, you may request that the denial be reviewed. A licensed health care professional chosen by Carle will review your request and the denial. The person conducting the review will not be the person who denied your request; and we will comply with the outcome of the review.

**Right to Amend** If you feel that any PHI we have about you is inaccurate or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we maintain the information. Amending the information means adding to the information with which you disagree. It does not include deleting, removing, or otherwise changing the content of the record. Your request to amend PHI must be made in writing. Submit your request for amendment of PHI to the Health Information Management Department. Your written request must include the reason for the amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us;
- Is not part of the PHI we maintain about you in our files;
- Is information restricted by law; or
- Is accurate and complete.

**Right to an Accounting of Disclosures** You have the right to request a PHI Accounting of Disclosures. This is a list of the disclosures we have made of your PHI, other than those disclosures specifically authorized by you, those related to (i) your treatment, (ii) payment for the products or services we provided to you, and (iii) our operations, and certain disclosures authorized by the government.

To request an Accounting of Disclosures, you must submit your request in writing to the Health Information Management Department. Your request must specify the period of time for which the Accounting will span, which may not be longer than six years. The first list you request from Carle within a 12-month period will be free. For additional lists, we may charge you a nominal fee. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or with the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request for restriction. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or services. To request a restriction on your PHI, submit your written request to the Health Information Management Department. In your request, you must include the following:

1. what information you want to restrict;
2. whether you want to limit our use, disclosure or both; and
3. to whom you want the limits to apply (for example, disclosures to your spouse).

If you restrict the PHI we may disclose for payment, you may be financially responsible for all products and services you receive from us. Individual staff members within Carle are not authorized to make determinations regarding restrictions or limitations. If a Carle staff member agrees to a restriction or limitation, that restriction or limitation will only apply to medical information about you disclosed by that individual.



**Right to Request Confidential Communications** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request a confidential communication, notify your caregiver. Depending upon the nature of your request, they will make arrangements for you to receive the confidential communication, or refer you to the appropriate office that can assist you with your request. We will honor all reasonable requests for confidential or alternate communications.

**Right to Request Anonymity** You have the right to request that we not share your presence as a patient in the hospital with the public. Please notify Registration on the day of your admission to the hospital at (217) 383-3031 if you wish to be noted as anonymous in our facility.

**Right to Additional Copies of This Notice** Additional copies of this Notice can be obtained at our website, [www.carle.org](http://www.carle.org), at any Carle entity, or by calling the Carle Compliance Office at (217) 278-8601.

## **VIII. CHANGES TO THIS NOTICE**

We reserve the right to change this Notice, in whole or in part. We reserve the right to make the provision of the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in each Carle location and make it available on our web site.

## **IX. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Carle's Patient Relations or with the Office for Civil Rights. To file a complaint with Patient Relations, call (217) 383-3333 or toll free at (855) 665-8252. **You will not be retaliated against for filing a complaint.**

## **X. OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide written authorization you may revoke that permission, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes covered by your written authorization; however we are unable to take back any disclosures we have already made.

## **XI. CONTACT INFORMATION.**

To access your PHI, or to request a PHI amendment, restriction or an accounting of disclosures, submit your written request to Carle, using the address listed below:

The Carle Foundation  
611 W. Park St.  
Urbana, Illinois 61801  
ATTN: Health Information Management Department

The Effective Date of this Notice April 14, 2003

AS AMENDED AND REVISED August 1, 2013; July 1, 2016



I authorize Carle Sports Medicine to discuss / disclose medical information related to any sports injury from the medical record of:

Patient Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Preferred Language: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_ Race: \_\_\_\_\_  
Primary Care Provider: \_\_\_\_\_ Religion: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_  
Address (if different than above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

To: School Athletic Department located at \_\_\_\_\_ Phone Number: \_\_\_\_\_

This authorization will remain in effect from the date of signature throughout the remainder of the current academic school year, unless otherwise specified. (I request this authorization expire: \_\_\_\_\_)

This information may be disclosed to the appropriate school personnel involved in the athletic program, (Administrator, Athletic Director, Coaches, School Nurse), as well as any medical personnel involved in the care or treatment of the above-named individual. This disclosure is for the purpose of assessing ability to participate, coordination of treatment, injury rehabilitation, prognosis and recovery from a sports injury.

I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and send such request to the Carle Sports Medicine, 2300 S. First Street, Champaign, IL 61820 or to Carle Health Information Management, 3310 Fields South Drive, Champaign, IL 61822. I also understand that the revocation will not apply to any information that has already been disclosed in response to this authorization. Treatment, payment, insurance enrollment or benefits eligibility cannot be conditioned on the signing of this authorization.

I understand I have a right to a copy of this authorization or other information provided to the above-named school. I understand that the authorizing of this release of information is voluntary. I understand that any disclosure of information carries with it the potential risk of unauthorized disclosure. If I have any questions about this authorization, I can reach out to the departments listed above.

☐ I AUTHORIZE Carle Sports Medicine staff to disclose diagnosis and treatment information to the above-named school, and to other medical providers involved in the treatment of my (child's) athletic injury.

☐ I DO NOT AUTHORIZE Carle Sports Medicine staff to disclose diagnosis and treatment information to the above-named school staff. I understand my refusal to disclose medical information to school staff may delay my (child's) recovery. I understand it is then my responsibility to obtain necessary medical information and share it with the school. I also understand that this refusal does not constitute a refusal of treatment by Carle Sports Medicine staff, and such staff's involvement, in the school's athletic program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Student Signature required if age 18 or over)*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent/Guardian Signature required for all communications)*



- ☐ Carle Foundation Hospital \_\_\_\_\_  
☐ Carle Physician Group \_\_\_\_\_  
☐ Hoopeston Regional Health Center \_\_\_\_\_



imprint

Patient Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

MRN: \_\_\_\_\_ DOB: \_\_\_\_\_

Throughout this document the reference to "Carle" collectively refers to Carle Foundation Hospital, Carle Physician Group and Carle Hoopeston Regional Health Center.

**Consent for Treatment** - I consent to the provision of care, diagnostic procedures, laboratory testing and medical treatment as my physician(s) and/or other healthcare provider(s) deem necessary. If surgery, complex diagnostic, therapeutic procedures and/or blood or blood products are required, my Practitioner will discuss these with me and additional informed consent may be obtained. I understand that there are no warranties or guarantees regarding the services and care provided. I consent to the taking of photographs or video recordings that document conditions, treatments or procedures and understand that such images will be used for medical, scientific or teaching purposes only. Information I provide regarding religious affiliation will be available to clergy affiliated with my congregation unless I indicate otherwise to admission staff. Upon completion of testing, specimen(s) or other material(s) obtained from my procedure(s) or treatment(s) may be disposed of or retained by Carle for scientific or teaching purposes or may be used by Carle or third parties for test validation or research purposes. If my specimen(s) or other material(s) are provided to third parties, the specimen(s)/material(s) will be made anonymous and its original source no longer able to be identified.

I understand that as a teaching institution, Residents and clinical students who, unless requested otherwise, may participate in my care.

**Release of Records** - I understand Carle may share records, charts, x-rays, laboratory work or similar information regarding my previous medical care with other Carle entities for the purposes of my treatment. I understand this information may include records of drug/alcohol treatment, HIV/AIDS testing and/or treatment and mental health treatment. In addition, I understand Carle may release any medical records related to this medical visit to my Primary Care Physician for the purpose of providing continuity of care.

**Assignment of Insurance Benefits** - I authorize Carle to bill my insurance(s) directly. I authorize my insurance(s) to make payments directly to Carle for all services provided, but not exceeding the charges due.

**Receipt of Notice of Privacy Practices and Patient Rights and Responsibilities** - I have received and reviewed a copy of the Notice of Privacy Practices and Patient Rights and Responsibilities, made available to me as a handout or as part of the Patient Registration and Admitting Information Booklet.

**Payment Agreement** - I assume full responsibility for and agree to pay all costs, charges and expenses incurred by me for the medical care provided by Carle, whether as an inpatient or outpatient unless I qualify for financial assistance or charity care. If my medical insurance coverage is not sufficient to satisfy such costs, charges and expenses in full, or I do not follow guidelines of my insurer and the resulting balance is not covered, I will be fully responsible for payment of this balance.

**Consent to Receive Auto-dialed Messages/Calls** - I hereby consent to receive auto-dialed and/or artificial or pre-recorded message calls and/or text messages to my cellular phone number and any other telephone number that I have provided or will provide or that is available to Carle from third parties. I authorize Carle and/or their affiliates and agents, including without limitation, any account management companies, debt collectors, appointment reminder software, and/or general messaging services to use automated dialing technology and pre-recorded messages, phone calls or texts even if I am charged for the call or text under my phone plan. I agree that any such contact is not considered "unsolicited" for purposes of local, state, or federal law.

*imprint*

**Illinois Fair Patient Billing Act (210 ILCS 88/50)** - Depending on the services I receive today, I understand that I may receive separate bills for services provided by Carle Hoopeston Regional Health Center, Carle Foundation Hospital, Carle Physician Group, Christie Clinic Providers, and/or other providers outside Carle who provide health care services. Further, I understand that some health care providers may not be participating providers with the same insurance plans and networks as Carle. As a result, I understand that I may have a greater personal financial responsibility for services provided by health care professionals who are not under contract with my health plan. I understand that questions about my coverage or benefit levels should be directed to my health insurance carrier. I may contact a Customer Service Representative at (888) 712-2753 or (888) 71-Carle with any questions about my bill.

**The following paragraph applies only to patients receiving services at Carle Hoopeston Regional Health Center** - I understand any physician providing medical, anesthesia, or pathology services is not an employee or agent of Carle Hoopeston Health Center UNLESS their name appears on the list of employed providers as posted. Any physician NOT appearing on the list of employed physicians is an independent, non-employed medical provider who has been granted privileges to provide medical care and treatment to his/her patients at Carle Hoopeston Regional Health Center. As such, independent, non-employed physicians are not subject to the supervision or control of Carle Hoopeston Regional Health Center. I understand independent practitioners bill separately for their services. Patients Initials\_\_\_\_\_

I understand and acknowledge that Federal and State laws require certain medical conditions/diseases to be reported to State and/or Federal agencies. Such conditions/diseases include, but are not limited to, HIV/AIDS, tuberculosis, viral meningitis and sexually transmitted diseases.

I have read (or had read to me) and understand the above information and agree to its content.

\_\_\_\_\_  
Signature of Patient or Authorized Person

\_\_\_\_\_/\_\_\_\_\_  
Date Time

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_/\_\_\_\_\_  
Date Time

### **Interpreter Services:**

I have provided interpretation in \_\_\_\_\_ of any verbal and/or written information, including this consent form, that have been provided to the patient/authorized person to consent.  
(type of language)

Interpreter: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(print full name/ badge #)

Signature (or if remote source, indicate company used): \_\_\_\_\_

### **Discrimination is Against the Law**

The Carle Foundation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Carle Foundation does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Carle Foundation provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

The Carle Foundation provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Carle Interpreter Services at (217) 326-0340.



If you believe that The Carle Foundation has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Carle Patient Relations at (217) 383-3333 or toll free (855) 665-8252, by email at [patient.relations@carle.com](mailto:patient.relations@carle.com) or by mail at Carle Foundation Hospital, Attention: Patient Relations, 611 W. Park Street, Urbana, IL 61801. If you need help filing a grievance, Patient Relations is available to help you, M-F 8am-5pm.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019 or 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-217-383-2543.

**Chinese (Mandarin):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-217-383-2545.

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-217-383-2546.

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-217-383-2547 번으로 전화해 주십시오.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-217-326-0340.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-217-326-0340.

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-217-326-0340.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-217-383-2544.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-217-326-0340.

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-217-326-0340.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-217-326-0340.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-217-326-0340 पर कॉल करें।

**Gujarati:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-217-326-0340.

**Urdu:** خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-217-326-0340.

**Greek:** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-217-326-0340.