

TO: Athletic Participants and Parents/Legal Representatives

FROM: Athletic Trainer & \_\_\_\_\_ School

SUBJECT: Authorization to Use and Disclose Health Information

A federal law, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is changing the way we deliver health services. That Act established privacy rights concerning an individual's health information. Under the Act, the Athletic Trainer may not be able to communicate medical information to School District representatives without written authorization from the student (if over 18 years of age) or his/her parent/legal guardian.

As you probably know, the School and Carle Foundation Hospital ("Carle") have been working together to provide an Athletic Trainer to help with student safety in athletics. The Athletic Trainer may attend various practices and events, work with students and coaches to help assess injuries and fitness for participation, and give training and safety advice as described by the athlete's physician. The new process is described below.

The attached "Options" Form gives the Parent/Legal Representative two (2) options from which to choose. While you are not required to sign the "Options" form, ***your student athlete will not be able to participate in the School athletic program if the "Options" form is not completed and signed.***

By choosing Option A, you have indicated that you will agree to sign an "Authorization to Release Medical Information" form so that medical information about the student athlete may be shared by Carle's Athletic Trainer(s) with the School and coaches. The attached "Authorization to Release Medical Information" form is required to be signed in order for the Carle Athletic Trainer(s) to share relevant health information they have obtained with School representatives for the purpose of determination of playing/participation status. You are not required to sign this Authorization form.

By choosing Option B, this indicates that you will ***not*** agree to sign the "Authorization to Release Medical Information" form and do not want Carle's Athletic Trainer(s) to share medical information with the School representatives for the purpose of determining playing/participation status. It is understood that if the student athlete is under a physician's care and cannot practice, the student athlete must provide a written statement from the physician and the parent/legal guardian releasing the student athlete to return to play/practice. Otherwise the School will not permit the student athlete to return to play/practice.

**The student athlete cannot participate in athletics until the "Options" form is completed & returned to the School** so that we know whether or not medical information may be shared between the Athletic Trainer(s) and the School District.

Please complete the attached forms as appropriate, and return them to the School promptly. For questions, please contact your School representative or the Athletic Trainer assigned to your school. Thank you for your cooperation.



**ATHLETE DEMOGRAPHICS:**

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Need Interpreter? \_\_\_\_\_

Language: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

Race: \_\_\_\_\_ PCP: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT / LEGAL GUARDIAN INFORMATION:**

Guarantor Name: \_\_\_\_\_ Rel to Patient: \_\_\_\_\_

SSN: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_ Rel to Patient: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**CARLE ATC ONLY BELOW THIS LINE**

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MRN \_\_\_\_\_

**OPTIONS FORM**  
**INDICATING AGREEMENT OR OBJECTION TO SIGN AUTHORIZATION FORM**

Name (Student Athlete) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**OPTION A:** My signature below indicates that I choose to fill out and sign the enclosed "Authorization to Release Medical Information" form that will permit the Carle Athletic Trainer to share medical information with the School representatives including coaches for the purpose of determining playing/participation status. (Return this completed form with the signed authorization form to the School.)

\_\_\_\_\_  
Signature (Student Athlete if 18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (parent or Legal Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authority to Sign if not Student Athlete (e.g. parent, legal guardian)

**OPTION B:** My signature below indicates that I choose **NOT** to fill out and sign the enclosed "Authorization to Release Medical Information" form and do not want the Carle Athletic Trainer to share medical information with the School representatives including coaches for the purpose of determining playing/participation status. I understand that if the Student Athlete is under a physician's care and cannot practice, the Student Athlete must provide a written statement from both the physician and the parent/legal guardian releasing the Student Athlete to return to play/practice. Otherwise the School will not permit the Student Athlete to return to play/practice. (Return this completed form to the School.)

\_\_\_\_\_  
Signature (Student Athlete if 18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (parent or Legal Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authority to Sign if not Student Athlete (e.g. parent, legal guardian)

**IF YOU CHOOSE TO REVOKE YOUR SELECTION OF OPTION A OR OPTION B AT ANY TIME, PLEASE CONTACT THE SCHOOL OFFICE FOR A NEW SET OF FORMS.**

**PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO THE SCHOOL PROMPTLY.**



**Carle Foundation Hospital  
Sports Medicine**

**Carle Foundation Hospital Sports Medicine  
Carle Foundation Physician Services, L.L.C.**

*Authorization to Release Medical Information*

For the purpose of providing training and safety advice and determining playing/practice participation status for a sport or sports, I authorize Carle Foundation Hospital & and its Athletic Trainers and Carle Foundation Physician Services, L.L.C. (Carle) to use and disclose health information as outlined in this authorization to the student athlete's School Athletic Director, coaches and Athletic Trainers.

**Name (Student Athlete):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Information to be used and disclosed:**

- Dates of medical services
- Emergency treatment information
- Results of diagnostic tests
- Physical Therapy and other rehabilitation information
- Condition and ability to participate
- All other medical information related to the student's ability to participate in sports

**Disclose to:** \_\_\_\_\_  
(Name of School)

I understand that the above information may no longer be protected by laws applicable to Carle once it has been shared with the School, and may be subject to re-disclosure by the School.

I understand that I may revoke this authorization in writing at any time, but that the revocation does not apply to the extent that Carle has already taken action in reliance on this authorization.

**Send your written request to revoke this authorization to:**

Carle Foundation Hospital – Sports Medicine  
810 W. Anthony Drive  
Urbana, IL. 61801

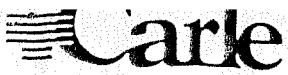
Without expressed written revocation, this authorization expires upon that date in which the Student athlete is no longer enrolled in the School authorized to receive this information.

I understand that signing this authorization is voluntary, and Carle will not condition treatment on the signing of this authorization.

\_\_\_\_\_  
**Signature of Legally Authorized Person**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authority to Sign if not Student Athlete (i.e. parent, legal guardian)**



Carle Foundation Hospital  
Sports Medicine

### CARLE FOUNDATION HOSPITAL AND ITS AFFILIATES ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

My signature below is an acknowledgment that I have received the Carle Foundation Hospital and affiliates Privacy Notice.

Athlete's Name \_\_\_\_\_

Clinic # \_\_\_\_\_ or Birth date of athlete \_\_\_\_\_

Signature of athlete or legal representative \_\_\_\_\_

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

\*\*\*\*\*

Name of Carle "staff" member seeking acknowledgement \_\_\_\_\_

Reason signature not obtained (must make a good faith effort to obtain it and document reason not obtained):

Athlete unable to sign

Athlete refused notice

Other - must specify reason for not getting acknowledgement signature

\_\_\_\_\_

**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 private 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) 840-8379.

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

Protected Health Information (PHI) is any health care related information we might have about you, whether in paper, electronic, or other format, from which your identity might be known. 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 Carle's practices relating to your PHI. Due to common ownership, Carle Foundation Hospital, Carle Physician Group, Carle Foundation Physician Services, LLC, Champaign SurgiCenter, LLC, Carle Hoopes Regional Health Center, Arrow Ambulance, LLC and Health Alliance Medical Plans have been designated as Affiliated Covered Entities. In addition to treatment, payment, and health care operation purposes, we may share PHI for the joint management and operation of these entities. 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.

In this notice, Carle includes:

- the Carle affiliates listed above;
- our Hospitals' Medical Staff;
- Champaign SurgiCenter, LLC Medical Staff;
- independent contractors, such as consultants; and
- all employees, staff, volunteers and students of each of these Carle affiliates.

**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.

**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 family or 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.

**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:

- to review our treatment and services, and to evaluate the performance of our staff in caring for you;
- to decide what additional services Carle might offer, what services are not needed, and whether certain treatments are effective;
- to provide you with general information about Carle and our services in newsletters and other communications;
- for business management and general administrative activities;
- for our licensing and accreditation activities;
- for teaching purposes and to provide training to doctors, nurses, technicians, medical students, and others involved in authorized training programs;
- to compare our services with the services of other health care providers to see where we can make improvements in the care we provide; and
- to 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 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 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;
- About criminal conduct at a Carle facility; and
- In an emergency, in 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 Bed Placement on the day of your admission to the Hospital at (217) 383-3111 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) 840-8379.

**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 penalized 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  
ATTN: Health Information Management Department  
611 W. Park St.  
Urbana, Illinois 61801

The Effective Date of this Notice April 14, 2003

AS AMENDED AND REVISED August 1, 2013