



FURMAN UNIVERSITY SPORTSMEDICINE CENTER

Dear Student-Athlete,

At Furman University Sportsmedicine Center, we are committed to treating and using protected health information about you responsibly. Enclosed you will find a copy of the "Notice of Privacy Policies and Procedures" brochure for your review. Also enclosed is our "Standard Authorization" form which provides us your permission to keep your parents and sport coach informed on your injury and health status. The back page of this form gives your permission for media releases involving injury information as it pertains to athletic participation.

Please read through carefully and sign the enclosed forms and return with your completed pre-participation packet. If there are any questions pertaining to the enclosed materials, feel free to contact our office at (864) 294-2130.

Sincerely,

Elaine Baker, ATC, SCAT
Director of Sports Medicine/
Associate Athletic Director

NOTICE OF PRIVACY POLICIES AND PRACTICES

FOR

FURMAN UNIVERSITY SPORTSMEDICINE CENTER

DEAR PATIENT:

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

At Furman University Sportsmedicine Center, we are committed to treating and using protected health information about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR MEDICAL RECORD / HEALTH INFORMATION

Each time you visit Furman University Sportsmedicine Center a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication with other health professionals involved in your care
- Legal document outlining and describing the care you received
- A tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided
- An education tool for medical health providers
- A source for medical research
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
- A source of data for planning and / or marketing
- A tool that we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your record and how your health information is used helps you to ensure it's accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

YOUR RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

OUR RESPONSIBILITIES

Furman University Sportsmedicine Center is required to:

- Maintain the privacy of your health information
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and/ locations

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according procedures included in the authorization.

HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

We will use your health information for treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We will use your information for payment. Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

We will use your information for regular health operations. Your health information may be used as necessary to support the day-to-day activities and management of Furman University Sportsmedicine Center. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates. In some instances, we have contracted separate entities to provide services for us. These "associates" require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these "business associates" might be a billing service, collection agency, answering services and computer software/hardware provider.

Communication with family. Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your information.

Research / Teaching / Training. We may use your information for the purpose of research, teaching, and training.

Healthcare Oversight. Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

Public health reporting. Your health information may be disclosed to public health agencies as required by law.

Law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Appointment reminders. The practice may use your information to remind you about upcoming appointments. Typically, appointment reminders are made by telephone, or, a brief, non-specific message may be left on your answering machine. If you don't approve of these methods, or, if you prefer alternative methods please inform the practice.

Other uses and disclosures. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints, questions or would like additional information regarding this notice or the privacy practices of Furman University Sportsmedicine Center please contact:

Privacy Official
Furman Univ. Sportsmedicine Center
3300 Poinsett Hwy.
Greenville, SC
864-294-2130

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official, or, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Official or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

OFFICE FOR CIVIL RIGHTS
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C., 20201

FURMAN UNIVERSITY SPORTSMEDICINE CENTER
Consent to Use and Disclose Protected Health Information

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Your protected health information will be used by Furman University Sportsmedicine Center or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

THE NOTICE OF PRIVACY PRACTICES

Furman University Sportsmedicine Center is required to provide to you a notice that describes how information about you may be used and disclosed. Additionally, we must provide you information on how you may get access to this information. These policies and practices are defined in the "Notice of Privacy Policies and Practices" brochure provided to you. **PLEASE REVIEW IT CAREFULLY.**

YOU MAY PLACE RESTRICTIONS ON THE USE OR DISCLOSURE OF YOUR HEALTH INFORMATION

You may request a restriction on the use or disclosure of your protected health information. However, Furman University Sportsmedicine Center may or may not agree to your request to restrict the use or disclosure of your protected health information. You may be asked to complete an authorization to activate this request. Please consult with a practice representative or Privacy Official if you would like additional information or clarification.

It is a violation of the federal privacy standards if Furman University Sportsmedicine Center agrees and fails to comply with your request. The restrictions requested will not affect use and disclosure of your information before the date of your request. If you still have questions after reviewing the Notice of Privacy Brochure, please consult with a practice representative or Privacy Official at the location and contact information listed on the back of the brochure.

YOU MAY REVOKE THIS CONSENT AT ANYTIME

You may revoke this consent at anytime; however, Furman University Sportsmedicine Center requires that you must revoke this consent in writing. If you choose to revoke this consent, the revocation will not affect use and disclosure of your information before the date of your request.

CHANGES TO PRIVACY PRACTICES

Furman University Sportsmedicine Center reserves the right to change or modify the privacy practices outlined in the Notice of Privacy Brochure. Furman University Sportsmedicine Center will notify you of any changes of privacy practices either by mail, at your next appointment, or any other pre-approved method that you request.

SIGNATURE

I have reviewed this consent form, received the brochure entitled "Notice of Privacy Policies and Practices" and give my permission to Furman University Sportsmedicine Center to use and disclose my health information in accordance with this consent and the notice provided.

Name of Patient (Print or Type)

Signature of Patient / Date

Patient Representative (Print or Type)

Signature of Representative / Date

Relationship of Patient Representative to Patient

Furman University Sportsmedicine Center
Standard Authorization of Use and Disclosure of Protected Health Information

Information to Be Used or Disclosed

The information covered by this authorization includes:

Disclosure of Protected Health Information regarding the individual's injury or health status as it relates to and affects athletic participation.

Purposes of Disclosure

Information listed above will be disclosed for the following purposes:

To determine the individual's status for athletic participation.

To ensure the individuals's health and safety during athletic participation.

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Clinical, Administrative and Billing Staff of Furman University Sportsmedicine Center.

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to:

Staff Coaches and Strength Coach of the sport in which the individual is a member.

The parent or legal guardian of the signed individual.

Expiration Date of Authorization

This authorization is effective through 9/30/2011 unless revoked or terminated by the patient or patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Furman University Sportsmedicine Center. You should contact the Privacy Official to terminate this authorization.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible to ensure your right to the protection of the privacy of this information once Furman University Sportsmedicine Center discloses it to another party.

Rights of the Individual

You may inspect or copy information used or disclosed under this authorization.

You may refuse to sign this authorization.

Effect of Refusing Authorization

If you refuse to sign this authorization, Furman University Sportsmedicine Center with Furman University Athletic Department will be unable to approve your participation in the Intercollegiate Athletic Program sponsored by Furman University.

Signature

Name of Student/Athlete (Print)

Signature

Date

Furman University Sportsmedicine Center
Standard Authorization of Use and Disclosure of Protected Health Information

Information to Be Used or Disclosed

The information covered by this authorization includes:

Disclosure of Protected Health Information regarding the individual's injury or health status as it relates to and affects athletic participation.

Purposes of Disclosure

Information listed above will be disclosed for the following purposes:

To report the individual's injury or health status as it relates to their athletic participation in the form of media releases and the creation of Furman University Sports Information Media Guides.

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Clinical and Administrative Staff of Furman University Sportsmedicine Center.

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to:

Furman University Director of Sports Information

Furman University Associate & Assistant Directors of Sports Information

Expiration Date of Authorization

This authorization is effective through 9/30/2011 unless revoked or terminated by the patient or patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Furman University Sportsmedicine Center. You should contact the Privacy Official to terminate this authorization.

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Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible to ensure your right to the protection of the privacy of this information once Furman University Sportsmedicine Center discloses it to another party.

Rights of the Individual

You may inspect or copy information used or disclosed under this authorization.
You may refuse to sign this authorization.

Signature

Name of Student/Athlete (Print)

Signature

Date