

STEADMAN HAWKINS SPORTS MEDICINE SERVICES
CONSENT AND AUTHORIZATION

I, _____, parent/legal guardian of _____, a student/participant at _____ (the "School/Event") authorize Greenville Hospital System ("GHS") staff to provide my child any healthcare services offered by Steadman Hawkins Sports Medicine ("SHSM") and to make appropriate referrals for my child to receive any additional health services that my child's condition may indicate. To protect and improve the health of athletes, GHS will provide athletic trainers to provide on-site treatment and consultation to student/participants. These services will be overseen by a physician serving as Medical Director for SHSM.

In addition, in the event my child needs urgent or emergency treatment off-site, I authorize staff of SHSM to arrange for such care, including appropriate transportation. I understand that SHSM staff will contact me as soon as possible in the event my child has an urgent or emergency condition. I agree to complete all health history, family history, and other informational requests necessary for my child's participation in the SHSM program. I understand that I may contact the Athletic Trainer assigned to the School or the Medical Director for SHSM to discuss my child's care or to discuss any questions I may have about the program. I consent to the release by GHS/SHSM staff of information about my child's medical condition obtained through SHSM Services to physicians, coaches, and other employees or agents of GHS or to whom I am referred. I also consent to the release of information about my child's medical condition to necessary staff at the school, should accommodations be needed to aid in my child's education.

I understand that I will not be charged for services rendered on-site by the medical staff, but that I or my child's insurance carrier may be charged for services rendered by other healthcare providers. I consent for information in my child's medical record to be released for the purpose of filing health insurance claims with third-party payers. I hereby authorize GHS to submit claims for services rendered to my child and assign to GHS my rights to any reimbursement for such services.

In consideration for the services provided to my child by SHSM, I hereby release Greenville Hospital System, its trustees, officers, employees, and agents from and against any claim, liability, and cause of action or other expense arising out of the services provided by GHS Sports Medicine Services.

I acknowledge by signing below that I have received a copy of the GHS Notice of Privacy Practices.

I have read and understand the above information and consent to my child's participation in GHS Sports Medicine Services.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Name of Student (First, Middle, Last)

Witness/Date

STEADMAN HAWKINS SPORTS MEDICINE

Athlete's Name _____ DOB _____ Grade _____
(First / Middle / Last)

School _____ Sport(s) _____

Guardian(s) _____ Phone #'s (h) _____ (c) _____
Relationship(s) _____

Address _____
Street City State Zip

Guardian(s) Email _____ Student Athlete's Email _____
(For SHSM Emails of Athletic Training/Conditioning Topics)

Emergency contact _____ Phone #'s (h) _____ (c) _____
(Guardians will be contacted first in case of emergency, please list individual other than listed above)

Ins. Carrier _____ HMO/PPO Group/Policy# _____
(circle one)

Insurance Preferred Network/Provider: **yes/no** (circle one) Whom _____

Does your child have any of the following? (List details as appropriate)	Yes	No
Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>
Inhaler _____	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition _____	<input type="checkbox"/>	<input type="checkbox"/>
Vision loss _____	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy _____	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes _____	<input type="checkbox"/>	<input type="checkbox"/>
Kidney condition _____	<input type="checkbox"/>	<input type="checkbox"/>
Hearing loss _____	<input type="checkbox"/>	<input type="checkbox"/>
Allergies _____	<input type="checkbox"/>	<input type="checkbox"/>
Medication Allergy _____	<input type="checkbox"/>	<input type="checkbox"/>
Severe headaches _____	<input type="checkbox"/>	<input type="checkbox"/>

Previous injuries/surgeries (month/year) _____

Is your child on any medication that is taken on a regular basis? (List) _____

Does your family have a primary care physician? (Name & phone #) _____

Does your family have an orthopaedic doctor? (Name & phone #) _____

My child may take any over-the-counter medication such as Tylenol®/Advil® YES NO

Parent/Guardian Signature

Date

GREENVILLE HOSPITAL SYSTEM NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and released and how you can get this information. Please read it carefully.

Greenville Hospital System (GHS) makes every effort to keep your health information private. Each time you visit GHS, a record is made. This health or medical record often includes your symptoms, exams and tests, diagnoses, treatment, and care plan. We need this record to give you high-quality care and to meet legal requirements.

This Notice applies to all health records produced at GHS, including those received from other providers. It outlines how we may use and give out information about you for treatment, payment, or healthcare operations, and other purposes granted or required by law. It also describes your rights to get and control your record, and legal requirements we have on its use and release.

This Notice applies to all GHS sites including offices of physicians employed by GHS and to all physicians and other healthcare providers who provide you with healthcare services at any GHS site. It does not apply to care you receive from physicians or other healthcare providers at their private offices (unless the physician or other healthcare provider is employed by GHS) or at any non-GHS site.

The law requires GHS to do the following:

- Keep your health record private
- Describe our legal duties and privacy obligations related to your health information
- Follow the current Notice of Privacy Practices

We reserve the right to change the practices and terms of this Notice and the changes will be effective for the information we already have about you as well as any information we receive in the future. The Notice will list the start date in the top right-hand corner of the first page.

Each time you register at GHS, you may request a copy of the notice. We will post it in our facilities and on our Web site (www.ghs.org). You may also call our Privacy Office at 864-797-7755 for a copy.

ROUTINE USES AND DISCLOSURES OF YOUR HEALTH RECORD

The following sections describe how we use and release medical information. Each section explains what we mean and gives a few examples. (Note: These examples are not all-inclusive.)

- **Treatment.** We use medical information about you to provide, coordinate, and manage your treatment or services. We may give this information to doctors, nurses, technicians, students of affiliated healthcare programs, volunteers, or other staff who care for you. Various units may share information about you to coordinate your needs, such as lab work or drugs.

We may give details about you to people who are involved in your care, such as a specialist, spouse, or friend. GHS medical personnel and employees, using their best judgment, may release to a relative, close friend, or other person information about your health related to that person's involvement in your care.

Here is how your health record might be used for treatment reasons:

- We may send your record to specialists your doctors here may want to consult.
- Your record may be sent to a doctor to whom you have been referred.
- You may plan for a friend to pick you up after a procedure. A GHS representative may believe it is in your best interest to tell your friend what drug you must take that night and what will speed your recovery at home.
- We may use and release your health record to provide material on treatment options.

- **Payment.** We use and release health information so that treatment and services you receive may be billed to and payment collected from you, an insurance company, or a third party.

Here is how your health record might be used for payment purposes.

- We may call your health plan for pre-approval of a service.
- We may give your health plan details about your surgery, so it will pay us or reimburse you.
- If someone else is responsible for your payment, we will contact that person.

- **Healthcare Operations.** We may use and release your record to support our business functions (for example, administrative, financial, and legal activities). These uses and disclosures are needed to run the hospital, support treatment and payment, and help patients receive high-quality care. Activities may include measuring quality, reviewing employee performance, and training students.

Here is how your health record might be used for business operations.

- We may call you to confirm your appointment.
- We may ask you to list your name and your doctor's name when you arrive for a visit. We may also call you by name in a waiting area.
- We may use health information to review our treatment and services.
- We may give information to doctors, nurses, technicians, students, and other staff for review and learning purposes.
- We may combine our records with those from other hospitals or practices to compare how we are doing and where we can improve.

- **Facility Directory.** Unless you object in writing, we include certain facts about you in our directory while you are a patient at a GHS hospital, clinic, or doctor's office. These facts may include your name, location, general condition (e.g., fair, stable), and religious affiliation. They may also be shared with those who ask for you by name (except for religious affiliation). Your affiliation may be given to clergy members, even if they don't ask for you by name. This is so family members, friends, and clergy can visit you or know how you are doing.

- **People Involved in Your Care or Payment for Your Care.** Unless you object, GHS health experts may tell a family member, friend, or other person you identify, or that we have a reasonable basis to believe is involved in your medical care, details about you that relate to that person's involvement in your care. If you cannot physically or mentally agree or object to a disclosure, we may supply information as needed. We may also give information to someone who pays for your care. Finally, we may share facts with someone helping in a disaster relief effort so that family can know of your condition, status, and location.

- **Business Associates.** Business associates of GHS provide some services related to treatment, payment, and business operations. Examples include medical supplies, transcription, medical record storage, and some aspects of billing. We have a written contract that requires associates to protect your record in the course of performing their job.

SPECIAL USES AND DISCLOSURES OF YOUR HEALTH RECORD

- **Emergencies.** We may use or release your health information during emergencies.
- **Language Barriers.** We may use or release your record if we try to get your consent but cannot because of major communication barriers and the doctor or staff decides that you intend to consent to use or release such information.
- **Research.** We may share information about you with researchers starting a project to help them find patients with specific needs (the information will not

leave Greenville Hospital System). GHS may release your record for research approved by the Greenville Hospital System's Institutional Review Committee (IRC). The IRC reviews proposals and protocols to ensure privacy.

- **Fundraising Events**. We may use your name, address, and dates that you received treatment for Greenville Hospital System-supported fundraising events. Any fundraising material sent to you will include information telling you what to do to keep from receiving any future communications.
- **Workers' Compensation**. We may release information about you to comply with workers' compensation laws or similar programs.
- **Legal Proceedings**. We may release health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process.
- **Legal Requirements**. We will give out medical information about you when required to do so by federal, state, or local law.
- **Serious Threat to Health or Safety**. We may use and release information about you to prevent a serious threat to your health and safety or the health and safety of others.
- **Health Oversight Activities**. We may supply information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities help the government oversee healthcare systems, benefit programs, and civil rights laws.
- **Public Health Risks**. We may release information about you to local, state, or federal public health agencies (such as the Food and Drug Administration and the Department of Health and Environmental Control) for reasons such as:
 - To prevent or control disease, injury, or disability
 - To report adverse events, product defects or problems, or drug reactions
 - To notify a person who may have been exposed to a disease or may be at risk for getting or spreading one
 - To alert a government agent if we believe a patient is the victim of abuse, neglect, or domestic violence
- **Coroners, Funeral Directors, and Organ Donors**. We may release information to coroners or medical examiners to identify a deceased person, find cause of death, or carry out duties as required by law. We may also give information to funeral directors to meet their duties and may share such information in the reasonable anticipation of death. We may supply your health record to organ donor groups as approved by you or consistent with the law.
- **Military, Veterans, and National Security**. If you are a member of the armed forces, we may release information about you as required by military authorities. We may also share information about foreign military personnel to the appropriate foreign military authority. We may give information about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Law Enforcement**. We may release your health information to a law enforcement official to identify or locate a suspect, fugitive, witness, or missing person, to provide information about the victim of a crime if, under certain cases, we cannot get the person's agreement or as required by law, or in an emergency to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
- **Inmates**. If you are an inmate of a correctional institution or in custody of a law enforcement official, we may release medical information about you to that facility or person.

YOUR HEALTH INFORMATION RIGHTS

- **Review and Copy**. You have the right to review and request a copy of your health record (this often includes medical and billing records but, under

federal law, excludes psychotherapy notes). To do so, write to Medical Information, 701 Grove Road, Greenville SC 29605. There may be a fee for copying, mailing, and related supplies.

We may deny your request to inspect and copy in certain cases. Then you may request a review. Another licensed healthcare professional chosen by GHS will examine your request. The reviewer will not be the person who denied your request. GHS will comply with the outcome of the review.

- **Amend**. If you believe that information we have about you is incorrect or incomplete, you may ask us to modify or add the information. You have the right to request a change or addition for as long as the record is kept by GHS. Request your change in writing to Medical Information, 701 Grove Road, Greenville SC 29605. You must give a reason that supports your request.

We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny a request to modify a medical record if the current information is accurate and complete, if it is not part of the medical information kept by or for GHS, if it is not part of what you would be allowed to view and copy, or if it was not created by us. If we deny this request, you have the right to file a statement of disagreement. We may then prepare a rebuttal. We will give you a copy of the rebuttal.

- **Accounting of Disclosures**. You have the right to request an "accounting of disclosures" (a list of disclosures made about you for reasons other than treatment, payment, GHS operations, or national security).

Request this list by writing to Medical Information, 701 Grove Road, Greenville SC 29605. Your request must state a period of time, which may not be longer than six years and may not include dates before April 14, 2003.

The first list you request within a 12-month period will be free. Additional lists may involve a charge. We will notify you of the cost, and you may cancel or adjust your request before any fees are incurred.

- **Request Restrictions**. You have the right to request that we limit information we use or give out about you for treatment, payment, or healthcare operations. You also have the right to request a limit on what we release to someone involved in your care or payment for your care, such as a family member. For example, you could ask that we not use or give out information about a surgery that you had to your family.

We are not required to agree to your request. If we do agree, we will comply with your request unless the material is needed for emergency treatment. To request restrictions, submit a Restriction of Information Agreement Form to GHS's registration personnel. State (1) what you want to limit; (2) if you want to limit use, release, or both; and (3) to whom the limits should apply, for example, disclosures to your family.

- **Request Confidential Communications**. You have the right to request that we interact with you about medical matters in a certain way or place. For example, you can ask that we contact you only by mail or only at work.

To request confidential communications, submit a Restriction of Information Agreement Form to GHS's registration personnel. We will try to meet all reasonable requests. You must note how or where you wish to be contacted.

COMPLAINTS

If you believe your privacy has been violated, you may file a complaint with Greenville Hospital System or with the Secretary of the Department of Health and Human Services. To file a complaint, call our Privacy Office at 864-797-7755 or the GHS Service Excellence Department at 864-455-7975. You may also file an anonymous complaint through our Corporate Compliance Hotline at 1-888-243-3611 (1-800-297-8592 en español). To ensure proper follow-up, complaints must also be submitted in writing.

OTHER USES

Other uses and disclosures of medical information not covered by this notice or relevant laws will be made only with your written consent. If you allow us to use or release health information about you, you may cancel that consent, in writing, at any time. If you revoke it, we will no longer use or release information for the reasons covered by your written consent. **Note:** We cannot take back disclosures without your consent.

