

STUDENT ATHLETE - NOTICE OF PRIVACY PRACTICES

Cascade Rehabilitation Associates appreciates your trust in us. We are committed to protecting your private, personal information. A new law requires that we inform you of how we collect and use your personal information.

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.

Understanding Your Health Information

Your athletic trainer has access to personal information about you. We receive information needed to help with your participation in athletic activities. This information can come from:

- The emergency information card and medical history form you fill out and give to your coach (including your name, information about your health, and your emergency contacts)
- Reports from your physician or physical therapist which are sent to your coach (including your medical history, what was found when you were examined, test results, and any recommended restrictions)

Your Health Information Rights

You have the right to:

- Ask us to restrict certain disclosures of your information
- Obtain a list of those we have disclosed your information to
- Inspect or obtain a copy of your information

Our Responsibilities

We are required by law to:

- Maintain the privacy of your health information
- Provide you this notice, which describes ways we use and share your health information
- Abide by the terms of this notice

We reserve the right to make changes to our privacy practices at any time, and such changes would be effective for any health information we already have. Should our privacy practices change, a revised notice will be posted in our facility and on our website. You may also request a copy of our current notice at any time.

(Please read other side)

PLEASE SIGN AND DATE THIS PORTION AND RETURN TO YOUR ATHLETIC TRAINER

AUTHORIZATION FOR DISCLOSURE

This is an authorization for disclosure of protected health information. This authorization allows athletic trainers employed by Cascade Rehabilitation Associates working at the Northshore School District to disclose protected health information regarding the student listed below to athletic directors, coaches and assistant coaches employed by or volunteering for the Northshore School District.

Information disclosed will be used for coordination of athletic participation.

Information disclosed may include information regarding the student's health, any illness or injury, and treatment for that illness or injury, as well as recommended restrictions on participation in athletic events and practices. Information disclosed may include reference to STDs including hepatitis or HIV, substance or alcohol use, and mental health issues, as these issues relate to the student's safe participation in athletic programs.

This authorization is effective until the end of the current sport season unless revoked or terminated by the patient or the patient's personal representative.

I understand that I may revoke or terminate this authorization at any time by submitting a written revocation. I understand that information disclosed by an athletic trainer to an athletic program staff member under this authorization might be re-disclosed by that staff member to a third party, and that the athletic program staff member may not be subject to federal privacy regulations prohibiting re-disclosure. I understand that I have the right to refuse to sign this authorization, but that refusal to sign the authorization may interfere with participation in athletic programs.

I acknowledge that I received Cascade Rehabilitation Associates' Notice of Privacy Practices when I received this authorization form.

Student Name: _____ Date: _____

Student Signature: _____

Signature of Parent or Guardian: _____
(Required if student is under 18 years of age)

Examples of Disclosures We Make

- Your trainer may need to consult with someone regarding your healthcare, and information we have about you would be shared with that person. Examples of people a trainer might consult with include your physician or your physical therapist.
- If you have a family member or friend who needs specific information about you in order to assist in your care, we will share information with that person as long as you do not object.

Other than these disclosures, we will not disclose your health information except as required by law (see below) or with your specific written authorization. Any authorization given to us can be revoked in writing at any time, though that will not affect information disclosed in reliance on that authorization.

Some of the situations where we are allowed or required by law to disclose your health information without your specific written authorization include:

- For public health purposes such as reporting communicable diseases or other diseases and injuries required by law
- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as investigations, audits, and inspections
- For lawsuits and similar proceedings or when requested by law enforcement as required by law or court order
- To reduce or prevent a serious threat to public health and safety
- For specialized government functions such as intelligence and national security

For More Information or to Report a Problem

If you have questions or if you would like additional information regarding our Notice of Privacy Practices, you may contact our Privacy Officer at (425) 806-5700 or by mail at:

Privacy Officer, Cascade Rehabilitation Associates
18323 Bothell-Everett Highway, Suite 220
Bothell, WA 98012

If you believe your privacy rights have been violated, you have the right to complain to us at the above address or to the Secretary of Health and Human Services. You will not be penalized, retaliated against, or otherwise treated differently for filing a complaint.

Effective Date: This Notice of Privacy Practices took effect on April 14, 2003.