

Notice of Privacy Practices

Effective April 18, 2011

This notice describes how medical information about you may be used and disclosed. Please review it carefully. If you have any questions regarding your privacy rights. Please contact our Head Athletic Trainer at this address: Cabot Public Schools, 401 N. Lincoln Street, Cabot, AR., 72023 or call 501-743-3541.

Cabot Public Schools (CPS) athletic trainers provide athletic health care to our student-athletes in partnership with physicians and other health care professionals. The information privacy practices in this Notice will be followed by all departments and all employed associates, staff or volunteer. In addition, we are a clinically integrated care setting, and we work with many doctors and other providers giving care to student-athletes, instead of notices from multiple physicians and other caregivers. This Notice serves as the notice required under Federal law to be given to student-athletes by the CPS, athletic training department, all members of our medical staff and all other health care professionals who treat you at any of our athletic events/facilities. The health care providers covered by this "organized health care arrangement" (OHCA) will share protected health information with each other, as necessary to carry out your treatment, payment for treatment, and health care operations relating to the OHCA. This arrangement does not mean that the persons participating in the OHCA are involved in a joint business arrangement, or that they are responsible for the acts of one another.

As a student-athlete at CPS, you have the right to privacy concerning your medical plan of care. Medical record information and your relationship with the medical staff are considered private. Your diagnosis and course of treatment are available only to those directly involved with your care. We create a record of care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain, whether created by our medical staff or your doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to keep medical information about you private, give you this Notice of our legal duties and privacy practices with respect to medical information about you and follow the terms of the Notice that is currently in effect.

We may use and disclose medical information about your **treatment** (such as sending medical information about you to a specialist as part of a referral); and **to support our health care operations** (such as comparing patient data to improve treatment methods). We may disclose medical information and/or **participation status to athletic coaches and strength and conditioning coaches for your health and safety**. We may disclose information to school district nursing staff, administrators and academic counselors to **support your academic progress**.

Regarding your medical information, you have the right to look at or get a copy of medical information that we use to make decisions about your care. You have the right to a personal representative to assist you in reviewing your medical information. If you believe that information in your records is incorrect or incomplete, you have the right to request that we amend the records. You have the right to a list of those instances where we have disclosed medical information about you, other treatment, health care operations or where you specifically authorize a disclosure. You may request, in writing, that we do not use or disclose medical information about you for specific cases or circumstances.

We reserve the right to change the terms of this Notice at any time. Changes will apply to medical information we already hold, as well as new information we receive after the change occurs. If we change our Notice, we will post the new Notice in our athletic training facilities. You can receive a copy of the current Notice at any time. The effective date is listed just below the title above. You will also be asked to acknowledge in writing your receipt of this Notice on our Student-Athlete Authorization/Consent for Disclosure of Protected Health Information.



Student-Athlete Authorization/Consent for Disclosure of Protected Health Information

I hereby authorize the physicians, athletic trainers, sports medicine staff, school nurses, and other health care personnel representing Cabot Public Schools to release information regarding my protected health information and any related information regarding any injury or illness during my training for and participation in extracurricular athletics. This protected health information may concern my medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, patient/guardians, hospitals and/or medical clinics and laboratories, athletic coaches, strength and conditioning coaches, medical insurance coordinators, insurance carriers, medical supply vendors and/or service companies, academic counselors, athletic and/or school administrators, chaplains and/or clergy members.

I understand that my authorization/consent for the disclosure of my protected health information is a condition for participation as an athlete for the Cabot Public School District. I understand that my protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPPA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPPA or my consent under the Buckley Amendment. I understand that once information is disclosed per my authorization/consent, the information is subject to re-disclosure and may no longer be protected by the HIPPA and/or the Buckley Amendment.

I understand that I may revoke this authorization/consent at any time by notifying in writing the Head Athletic Trainer, but if I do, it will not have any effect on actions the Cabot Public School District took in reliance on this authorization/consent prior to receiving the revocation. This authorization/consent expires (1) year from the date it is signed.

_____	_____	_____
Name of Student-Athlete (Print or Typed)	Signature of Student-Athlete	Date
_____	_____	
Student I.D. Number	Date of Birth of Student-Athlete	

Signature of Parent/Legal Guardian (if student-athlete is under 18 years of age)		Date

