

Gardner-Webb University Athletic Training
Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. Protected Health Information is information about you, including demographic information, that may identify you and relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your therapist will use and disclose your protected health information described in **Section 1**. Your protected health information may be used and disclosed by your therapist, our office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and support the operation of Gardner-Webb University Athletic Training.

Following are examples of the types of uses and disclosures of your protected health information that our office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office, once you have provided consent.

- " We will use and disclose your protected health information to team physicians and other health care professionals to provide, coordinate or manage your health care and any related services.
- " Your protected health information will be used, as needed, to coordinate payment for your health care services.
- " We may disclose your protected health information to Athletic Training Students participating in clinical education with the Athletic Training Educational Program and work study student performing clerical duties in support of the Athletic Training department.
- " We will use and disclose your protected health information in cooperation with Gardner-Webb University's drug education and testing program.
- " We may disclose your protected health information in support of the NCAA and its regulations.

I have read and understand the uses of my protected health information. I also understand that I may access my protected health information upon written request to my staff athletic trainer.

Student Athlete Name _____

Student Athlete Signature _____ Date: _____

Witness _____ Date: _____