

Lake-Sumter Community College
Notice of Privacy Practices
Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed. Please review it carefully. If you have any questions, please contact the Athletic Director at the address or telephone number at the bottom of this Notice.

Lake-Sumter Community College provides health care to our student-athletes in partnership with physicians and other professionals and organizations. The information regarding privacy practices in this Notice will be followed by all departments and all employed associates, staff or volunteer. This Notice serves as the notice required under Federal law to be given to student-athletes by Lake-Sumter Community College. HIPPA, which stands for the Health Insurance Portability and Accountability Act, was created to increase the privacy of individual's personal health information. It affects all those who are in contact with medical records or personal health information.

As a student-athlete at LSCC, you have the right to privacy concerning your medical plan of care. Medical record information and your relationship with your 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 the 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 are currently in effect.

Authorization must be obtained for us to use and disclose medical information about you for treatment (such as sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); to support our health care operations (such as comparing patient data to improve treatment methods); to disclose medical information and/or participation status to athletic coaches and strength and conditioning coaches for your health and safety; to release information to sports information staff and members of the media regarding your participation status.

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 than for treatment, payment, health care operations or where you specifically authorized 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 and on our Web site at www.lsc.edu. 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.

If you have questions regarding your privacy rights, you may contact the Athletic Director at this address: 9501 U.S. Hwy 441, Leesburg, FL 34788, or by calling the Athletic Department at (352) 323-3645.

**Student-Athlete Authorization/Consent
For
Disclosure of Protected Health Information
To
Sports Information Staff/Members of the Media For Specific Medical Condition or Injury**

I hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel representing Lake-Sumter Community College to release information regarding my protected health information to Athletic Department staff and members of the media.

I understand that my **authorization/consent** is subject to the limitations checked below:

1. Confined to records concerning the following medical condition or injury:

2. Covering records for the period from / / to / / .

3. Confined to the following specified information: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> medical condition | <input type="checkbox"/> EKG/echocardiogram |
| <input type="checkbox"/> medical status | <input type="checkbox"/> medications |
| <input type="checkbox"/> athletic participation status | <input type="checkbox"/> history and physical |
| <input type="checkbox"/> prognosis | <input type="checkbox"/> x-ray reports |
| <input type="checkbox"/> consultation | <input type="checkbox"/> MRI/CT reports |
| <input type="checkbox"/> operative notes | <input type="checkbox"/> other special tests: _____ |
| <input type="checkbox"/> discharge summary | _____ |
| <input type="checkbox"/> lab reports | <input type="checkbox"/> progress notes |
| <input type="checkbox"/> pathology reports | <input type="checkbox"/> other: _____ |

I understand that my protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the **Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment)** and may not be disclosed without either my authorization under HIPAA 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 HIPAA **and/or the Buckley Amendment**. I understand that I may revoke this **authorization/consent** at any time by notifying in writing the Athletic Director, but if I do, it will not have any effect on actions Lake-Sumter Community College took in reliance on this **authorization/consent** prior to receiving the revocation. This **authorization/consent** shall expire on one (1) year **from** the date it is signed.

Name of Student-Athlete (print or type) Signature of Student-Athlete Date

Social Security Number of Student-Athlete Date of Birth of Student-Athlete

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