

THE UNIVERSITY OF TEXAS AT AUSTIN
Department of Intercollegiate Athletics
Division of Athletic Training/Sports Medicine
P.O. Box 7399 • Austin, Texas • 78713-7399

UNIVERSITY SPONSORED SUMMER SPORTS CAMPS

M E M O R A N D U M

DATE:



TO: Prospective Campers

FROM: The Department of Intercollegiate Athletics

RE: **REQUIRED MEDICAL FORMS**

The Department of Intercollegiate Athletics wishes to welcome you as a sports camp participant. Every camp carries with it some degree of risk to the participant because of the physical nature of the activities. The UT Sports Medicine Staff in cooperation with the University Health Services and a network of consulting physicians and certified athletic trainers provides specialized services, care, and supervision to safeguard your health and well being.

To facilitate this care, we are requesting that you complete a number of medical forms. Campers will not be permitted to participate in any activities until all forms are completed and are on file with the camp supervisors. The following forms are attached for your review and completion:

#2  **“NOTICE OF HIPAA PRIVACY PRACTICES” AND THE ACKNOWLEDGEMENT OF THE RECEIPT OF THE PRIVACY NOTICE (#2a )**

If you are ever sick or injured during camp, your health care will be coordinated by UT’s medical providers. In order to provide appropriate care, UT’s professional staff, employees, and volunteers must use and disclose your medical information to the extent necessary for treatment, payment, and health care operations. Sharing of this information requires compliance with privacy practices required by the law. These privacy practices dictate how your medical information may be used and disclosed, and how you can get access to this information. We are required to provide you with our “Notice of Privacy Practices” and to secure your signature acknowledging receipt of the privacy notice.

#3  **EXPRESS ASSUMPTION OF RISK/RELEASE AND INDEMNIFICATION AGREEMENT**

With your signature on this form, you fully recognize that there are dangers and risks to which you may be exposed by participating in the Camp. We make every effort to increase your knowledge concerning rules and practices being employed to minimize risk of injury or illness while pursuing the many benefits of camp activities. Moreover, as injury/illness risks are identified, steps are taken to minimize the causes, where possible. We teach the latest in skill acquisition and technique as well as implement preventative injury measures such as warming up prior to vigorous activity, stretching, and fluid replacement, realizing that all of these measures have the potential to lower risk of injury. Even with these efforts, a certain number of injuries/illnesses will occur and you accept responsibility for any medical condition that may result during your participation in camp activities.

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#4  **PERTINENT MEDICAL INSURANCE INFORMATION AND PRE-ACTIVITY CLEARANCE
PHYSICAL EXAMINATION: PHYSICIAN AUTHORIZATION**

All campers are required to have written physician clearance proclaiming them fit for camp participation. The physical examination must have been completed within the last 12 months. If your physician has documented the health information on another form, a copy of this form will suffice.

#5  **SELF-ADMINISTERING OF MEDICATION**

In order for you to carry and self-administer medication during UT sponsored sports camp activities, you must affirm and agree that: (1) you have been instructed in the proper use of the medication and are physically, mentally, and behaviorally capable of administering the medication on your own without camp personnel supervision; (2) you have an adequate supply of the medication for the duration of the camp and have the ability to properly store and secure the medication; (3) you will use the medication only as prescribed by a physician and/or according to dosage instructions and will not share or otherwise provide medication to any other camper; and, (4) you understand and agree that failure to abide by this agreement constitutes a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

6  **RELEASE OF YOUR MEDICAL INFORMATION**

It is important to understand that our staff will respect the privacy of your health information, release only the minimum necessary to protect your health and safety during strenuous activities, and take appropriate measures to ensure the confidentiality of medical information.

**Return the completed booklet of forms, dated and signed where appropriate by the following date,
and send to –**

(address):

**THE UNIVERSITY OF TEXAS AT AUSTIN
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.
HIPAA PRIVACY RULES REQUIRE THAT WE FURNISH YOU WITH THIS NOTICE.**

I. Purpose: The University of Texas at Austin's medical providers, professional staff, employees, and volunteers follow the privacy practices described in this Notice. Your medical information is maintained in records that will be handled in a confidential manner, as required by law. However, UT's representatives must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, your medical information must be shared with others as necessary for treatment, payment, and health care operations.

II. What Are Treatment, Payment, and Health Care Operations? Treatment includes sharing information among health care providers involved in your care. For example, your treatment provider may share information about your condition with other treatment providers in clinic and hospital settings in order to make a diagnosis or to improve the quality of care, e.g., for review and training purposes. In addition, we also may use your medical information as required by your insurer to obtain payment for your treatment.

III. What Are Other Ways Your Medical Information May Be Used? Your medical information may be used, unless you ask for restrictions on a specific use of disclosure, for the following purposes:

- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
- To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.
- Alcohol and drug abuse information has special privacy protections. UT's medical providers will not disclose any information relating to substance abuse treatment unless: (i) consent is obtained in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use this information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.
- Worker's Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
- Health oversight activities, e.g., audits, inspections, investigations, and licensure.
- Certain research projects.
- To prevent a serious threat to health or safety.
- Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; circumstances relating to reporting information about a crime).

. . . HIPAA Notice of Privacy Practices, page 2

- Disaster relief agency if injured in a disaster.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- As required by law.

IV. Your Authorization Is Required for Other Disclosures. Except as described above, we will not use or disclose your medical information unless you authorize us in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation. Your medical records may also contain psychotherapy notes from individual, joint, group or family sessions you may have participated in. You will need to sign a separate authorization form for the use and disclosure of this information. You may revoke your permission to use and disclose your psychotherapy records by sending a written revocation to UT's Sports Medicine Division.

V. You Have Rights Regarding Your Medical Information. You have the following rights regarding your medical information, provided that you make a written request to invoke the right.

Right to request restrictions. You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular treatment), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services.

Right to confidential communications. You may request communication in a certain way or at a certain location, but you must specify how or where you wish be contacted.

Right to inspect and request a copy. You have the right to inspect and request a copy of your medical information regarding decisions about your care. We charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; in that instance you may request review of the denial by another licensed health care professional chosen by UT's medical providers. UT will comply with the outcome of the review.

Right to request amendment. If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment, which requires certain specific information. UT's medical providers are not required to accept the amendment.

Right to accounting disclosures. You may request a list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment, payment, or operations in the past six (6) years, but not prior to April 14, 2003. After the first request, there will be a charge.

Right to a copy of this Notice. You may request a copy of this Notice at any time, even if you have been provided with an electronic copy.

VI. Requirements Regarding This Notice. The University of Texas at Austin's medical providers are required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. We may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future.

. . . HIPAA Notice of Privacy Practices, page 3

Each time you register for health care services on the University of Texas campus, you may receive a copy of the Notice in effect at the time.

VII. Complaints. If you believe your privacy rights have been violated or:

- You have a complaint.
- You have any questions about this Notice.
- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations.
- You wish to obtain forms to exercise your individual rights described in paragraph V.

Call Tina Bonci in the Sports Medicine Division of Intercollegiate Athletics at (512) 471-4916.

THE UNIVERSITY OF TEXAS AT AUSTIN
University Sponsored Summer Sports Camps

**ACKNOWLEDGEMENT OF RECEIPT
OF THE "HIPAA NOTICE OF PRIVACY PRACTICES"**

I _____ acknowledge that I have received a copy
(print name)

of the "Notice of Privacy Practices" of *The University of Texas at Austin*.

Date: _____

Signed: _____

Camper's DOB: _____ **Camp:** _____

**THE UNIVERSITY OF TEXAS AT AUSTIN • SPORTS CAMPS
ASSUMPTION OF RISK/RELEASE AND INDEMNIFICATION AGREEMENT**

PARTICIPANT:

CAMP:

LOCATION:

DATE(S):

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the above Camp.

I realize that my participation in camp activities carries with it risk of injury/illness, even when all rules are followed and conditions are optimal. There are various safety problems that can increase injury risk potential. Some safety problems are regularly identified and addressed (i.e., heat illness and the administration of liquids frequently during practices; collisions and the use of high quality, durable, and safe protective equipment). Other safety problems may be less clearly identified (i.e., mechanisms of head and neck injuries or ankle and knee injuries) and, therefore, prevention and protection are difficult. Risk can be increased due to the participant's lack of compliance with specified instructions (i.e., using improper footwear, knowingly using dangerous or faulty equipment, training when environmental conditions are dangerous (high heat/high humidity, lighting), and engaging in high intensity or high volume training or executing new skills without adequate fitness. Even in the best facilities, with adequate supervision, use of all protective equipment, and compliance with all of the rules, there remains an inherent risk of injury/illness in any camp activity, and this risk is increased even more so with contact sports.

I acknowledge that voluntary participation in this camp may expose me to hazards or risks that may result in my personal injury/illness or death. I acknowledge that I am aware of the risks of injury/illness and knowledgeable concerning rules, equipment and safety practices employed to minimize my risk of sustaining an injury/illness while participating in camp activities. I agree to use all required protective equipment and follow all rules and instructions from University officials regarding my safety. Also, I have no known physical infirmities which could be worsened or aggravated by participation and I declare myself physically fit and in good medical condition to engage in all camp activities.

In consideration of my participation in the camp and of my use of the program's facilities and equipment, I hereby accept all risk to my health and of my injury or death that may result from such participation. I hereby release the University of Texas at Austin, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from any injuries (including death), damage, loss or costs that may incur as a result of my participation. I intend this release to be binding upon my heirs, executors, administrators and assigns. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity.

I have carefully read this agreement and I understand that it is a legally binding document that affects my legal rights and remedies.

Signature of Participant

Date

THE UNIVERSITY OF TEXAS AT AUSTIN
University Sponsored Sports Camps
Department of Intercollegiate Athletics

PERTINENT MEDICAL INFORMATION/CLEARANCE PHYSICAL EXAMINATION

✍ To be filled out by camper (adult):

Participant's Name _____ DOB _____

Camp _____

Allergies _____

Current Medications (if you will be self-administering any medications during camp – prescription or over-the-counter, you are required to fill out the “Addendum, Self-Administering of Medication” form which is enclosed) _____

Other _____

**PRE-ACTIVITY CLEARANCE EXAMINATION:
PHYSICIAN AUTHORIZATION**

I hereby certify that I have examined the above named patient and have found him/her fit to attend and participate in the *University Sponsored Summer Sport Camps*. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments _____

Date of Last Tetanus Booster _____

Date of Physical Examination (*must have been completed within the last 12 months*) _____

Physician's Signature _____

Address _____

City/St./Zip _____

Phone _____

THE UNIVERSITY OF TEXAS AT AUSTIN
University Sponsored Summer Sports Camps
Department of Intercollegiate Athletics

ADDENDUM – SELF ADMINISTERING OF MEDICATION

For this camper to carry and self-administer medication during UT sponsored sports camp activities, this form must be completed.

PARTICIPANT _____ CAMP _____

NAME OF MEDICATION(S): _____

REASON FOR TAKING: _____

I, the above named camper,

- Affirm and agree that I have been instructed in the proper use of the medication and am physically, mentally, and behaviorally capable of administering the medication on my own without camp personnel supervision. I also affirm that I have an adequate supply of the medication for the duration of the camp, and have the ability to properly store and secure the medication.
- Affirm and agree that I will use the medication only as prescribed by a physician and/or according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp.
- Understand and agree that failure to abide by this agreement constitutes a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

Camper's Signature _____

Date _____

THE UNIVERSITY OF TEXAS AT AUSTIN
University Sponsored Summer Sports Camps

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO CAMP STAFF

This authorizes The University of Texas at Austin physicians, medical personnel and camp sponsors to release information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of _____ (Participant) to camp staff. This information includes injuries or illnesses relevant to participation in the above named camp at The University of Texas at Austin.

The reason for this disclosure is to advise camp staff of the nature, diagnosis, prognosis or treatment concerning any medical condition and any injuries or illnesses Participant may have so that they make decisions regarding Participant's ability and suitability to participate in camp activities. I understand that the entities that receive the information are not health care providers or health plans covered by federal privacy regulations, and that the information described above may be redisclosed publicly and that the information will no longer be protected by those regulations.

I understand that The University of Texas at Austin will not receive compensation for its use/disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time by notifying in writing the Department of Intercollegiate Athletics, but if I do, it will not have any effect on actions The University took in reliance on this authorization prior to receiving the revocation. This authorization expires one year from the date it is signed.

Signature of Camper

Date

Camper's Date of Birth: _____

Camp _____