

The Board of Education of Community High Schools District No. 155 has proudly partnered with Mercyhealth to provide athletic training services aimed at keeping your High School (“School”) student athlete (“Athlete”) safe while they participate in the School’s athletic programs.

This section contains the following:

1. Consent for Mercyhealth’s athletic trainer to provide basic athletic training services to Athlete in the event of an injury or illness while participating in a School-sponsored athletic event; and
2. Consent for release of Athlete’s protected health information by Mercyhealth, allowing Mercyhealth’s athletic trainer or other Mercyhealth employee(s) to communicate necessary information to the School regarding your Athlete’s ability to participate in School-sponsored athletic events.

CONSENT FOR PROVISION OF CARE

By signing below, I understand, acknowledge, and agree to all of the following, and I consent to Mercyhealth’s athletic trainer providing basic athletic training services to Athlete.

- Mercyhealth’s athletic trainer is appropriately certified and/or licensed as an athletic trainer.
- Mercyhealth’s athletic trainer will be present at certain School athletic events to assist in the prevention, first aid, emergency care, injury assessment, and rehabilitation of athletic injuries.
- In the event of injury or illness, Mercyhealth’s athletic trainer or another Mercyhealth employee will attempt to contact Athlete’s parent/guardian. If parent/guardian cannot be reached, Mercyhealth’s athletic trainer will provide appropriate services that, in Mercyhealth’s athletic trainer’s professional judgment, are in the best interest of Athlete.
- Mercyhealth’s athletic trainer is providing care in their capacity as a School partner.
- Even though Mercyhealth’s athletic trainer is employed by Mercyhealth, their care of Athlete does not create a patient/provider relationship with Mercyhealth’s athletic trainer or with Mercyhealth. Neither Athlete nor I should rely on Mercyhealth’s athletic trainer for ongoing care needs.
- I will not be billed for Mercyhealth’s athletic trainer’s services.
- If Athlete requires care that Mercyhealth’s athletic trainer is unable to provide, including emergency medical services, Mercyhealth’s athletic trainer may call 911 and I will be responsible for payment of any such services.
- If Athlete is referred to a healthcare provider for medical treatment, Athlete must obtain medical clearance from that provider before resuming athletic activity, and Mercyhealth’s athletic trainer cannot provide such clearance.

- Athlete may be required to participate in baseline and post-injury concussion neurocognitive testing.

AUTHORIZATION TO RELEASE INFORMATION

By signing below, I authorize and request Mercyhealth to release to Community High School District 155 Staff, the following information for the purpose of Athlete's athletic participation:

- Radiology Reports
- Progress Notes
- Emergency Department and Urgent Care Records
- Lab Results
- Operative Reports
- Discharge Summary
- Other: Information related to athletic participation

My signature below further indicates that I understand, acknowledge, and agree to all of the following:

- A photocopy of this authorization shall be considered as valid as the original.
- I may receive a copy of this authorization.
- I also understand that I have the right to inspect, copy, and request an amendment to the records prior to their release and to limit any consent to designated records or designated portions of the information contained in them. I may inspect at no charge, and arrange for photocopies for a reasonable charge, the record or information that is to be used or disclosed, by contacting the Mercyhealth Medical Record Department.
- This authorization shall be valid for four hundred (400) days from the date of signature, or until the purpose of the request is fulfilled, unless otherwise stated: duration of athletic participation at above-named School.
- I am under no obligation to authorize the release of information. With certain exceptions, health care providers may not condition treatment, payment, or enrollment or eligibility for health plan benefits on obtaining an authorization to release information. Exceptions include situations where authorization was sought for research-related treatment, or if the provision of healthcare is only for the purpose of creating protected health information for disclosure to a third party, or health plan enrollment or eligibility. I understand that if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself. I understand that if I refuse to authorize release of information required to process insurance reimbursement, I may be financially responsible for services. Consequences of refusal to consent, if any, include information would not be exchanged.

- This authorization may be revoked by me at any time through written notice to Mercyhealth, except to the extent that information has already been released in reliance upon the authorization. Revocation of this authorization will be effective following receipt of the written revocation by Mercyhealth. Neither Mercyhealth nor Community High School District 155 is responsible for checking with the other to confirm whether a revocation request has been received. A revocation submitted to one party is not binding on the other.
- Mercyhealth has no control over whether a recipient further discloses PHI released pursuant to this authorization and cannot be held responsible for such further disclosures.
- Athlete’s medical record and information in connection with the hospital / treatment date(s) stated above may contain reports, records or information about mental health, developmental disabilities, alcohol and/or drug abuse, acquired immune deficiency syndrome (AIDS) / HIV test results and / or information, intoxication tests, and/or fetal monitor tracings.
- Test results for the presence of HIV antigen or nonantigenic products of HIV, or an antibody to HIV, may be disclosed without the test subject’s consent to persons or under the circumstances specified in Section 9 of the Illinois AIDS Confidentiality Act (410 ILCS 305) and Section 697.140 of the Illinois HIV/AIDS Confidentiality and Testing Code (77 Ill. Admin. Code 697).

Signature of Athlete

Date

Signature of Parent/Guardian (If Athlete Under Age 18)

Date

Printed Name of Parent/Guardian (If Applicable)

Relationship to Athlete