

**NOTICE OF PRIVACY PRACTICES**  
**South Dakota State University**  
**Intercollegiate Athletics**  
**Athletic Training/Sports Medicine**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

HIPPA privacy rules require that we furnish you with this notice

**I. Purpose:** The United States Department of Health and Human Services has adopted privacy standards that protect your health information. The Health Information Portability and Accountability Act (HIPAA), was implemented on April 14, 2003. The HIPAA Privacy Standards establish rules for when health care providers may use or disclose your health information. In an athletics setting, there are many parties who can potentially have access to your health information, especially in routine injury situations. These parties include coaches, athletic staffs, parents or guardians, teammates, media representatives, athletic training students, etc. In the event that you sustain an injury while participating at SDSU, it is important to understand that we may need to talk with your coaches, parents, and other health care providers in order to determine the best treatment options. When doing so, we may discuss issues relevant to your care and participation status only under the following circumstances; (a) you have given us oral consent or implied consent through your actions; or (b) you have signed authorization forms permitting us to disclose pertinent health information to the parties mentioned.

The Athletic Training/Sports Medicine staff at SDSU follows the privacy practices described in this Notice. The Athletic Training/Sports Medicine staff maintains your medical information and records in a confidential manner, as required by law. However, the Athletic Training/Sports Medicine staff must use and disclose your medical information to the extent necessary to provide you with quality health care.

**II. Your medical information may be used for the following purposes, unless you ask for restrictions on a specific use of disclosure:**

- Treatment procedures include sharing information among health care providers involved in your care.
- Medical information as required by primary and secondary insurance providers.
- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health.
- Worker's compensation.
- To prevent a serious threat to health or safety.
- As required by law.
- National security and intelligence activities.
- Alcohol and drug abuse information has special privacy protections. We will not disclose any information identifying an individual as being a student-athlete or provide any medical information relating to a student-athlete's substance abuse treatment unless: (1) the student-athlete consents in writing; (2) a court order requires disclosure of the information; (3) information needs to meet a medical emergency; (4) as required by law.

**III. Your Authorization is Required for Other Disclosures:** Except as described above, we will not use or disclose your medical information unless you authorize in writing to disclose

your information. You may revoke your permission, which will be effective only after the date of your written revocation.

**IV. 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, etc.
- **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 to 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.

**V. Requirements Regarding This Notice:** The Athletic Training/Sports Medicine staff is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect.

**VI. Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the Athletic Training/Sports Medicine staff or with the University's Student Affairs Division Office.

Contact the University's Student Affairs Division Office at 688-4493 (ask for Assistant Dean of Student Services), Administration # 318

- If you have a complaint.

OR

Contact the Athletic Trainer at 688-5824, PEC # 265

- If you have a complaint.
- If you have any questions about this Notice.
- If you wish to request restrictions on uses and disclosures for health care information.
- If you wish to obtain forms to exercise your individual rights described in section VII.

**VII. Restrict Disclosure of Your Health Information:** You have the right to restrict disclosure of your health information to any of the parties by refusing to sign the appropriate sections of the authorization form. If you choose to do so, you must write, **REFUSED TO AUTHORIZE** on the form and include your signature and date for validity purposes. Also, you have the right to revoke any of your signed authorizations. In order for you to revoke your signed authorizations you must discuss your intentions with your health care providers (e.g., team physicians and athletic trainers) and a new form will be processed that restricts disclosure of this health information.

**Even though you have signed authorizations permitting us to share your health information, it is imperative to note that we are not obligated to do so. In accordance with the HIPAA Privacy Standards, we will respect the privacy of your health information by releasing only the minimum information necessary to protect your health and safety, and we will strive to do everything necessary to ensure the confidentiality of your medical records.**