

**Notice of Medical Services**

My/child's school has engaged Atrium Health Floyd ("AHF") to support and provide healthcare services for students, athletic staff, and others. The Atrium Health Floyd Healthcare team, which includes providers, athletic trainers, physical therapists and EMS, may provide care to your child as part of their participation in school athletics. This care may include evaluation, treatment, referral, and follow-up for sports related injuries or conditions.

By receiving this notice, you are informed:

- The AHF Team will provide care deemed appropriate based on recognized medical and healthcare standards.
- Your child has the right to receive an explanation of any proposed procedures, treatment options, and associated risks.
- If your child is under 18, they may request and receive care independently from the AH Sports Medicine Team.
- The AHF Sports Team may refer your child to an outside provider, which may result in a separate provider-patient relationship.
- Services may be provided via telemedicine (interactive audio, video, or data communication), when appropriate, and your child will be informed of the risks, benefits, and alternatives.

This Notice of Medical Services shall remain valid for a period of four (4) years from the date of signature below, or until the individual's graduation from high school, whichever occurs first.

**Notice of Release Of Medical Information**

As part of the care provided by the Atrium Health (AHF) Team—which includes team physicians, athletic trainers, medical staff, and assistants—medical information related to your child's evaluation or treatment may be shared with the following parties to support their health and participation in school athletics:

- Other Atrium Health providers
- Independent healthcare providers
- School administration and your child's primary medical provider(s)
- School sports program representatives (e.g., coaches, school-employed staff, and team physicians)
- Emergency medical personnel, in the event of an emergency
- Information may also be shared to coordinate care outside of the school's athletic program, when appropriate.

I understand that AHF is providing the services under a partnership with the school system, and I acknowledge that it may share my/my child's information with the school system, which may store information on school system platforms. Reasonable efforts will be made to protect this information. It is understood that once this information is disclosed, it is no longer protected under the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). This Release of Medical Information will be valid for a period of four (4) years or until the individual's graduation from high school, whichever occurs first.

I understand that information disclosed by me/my child may be necessary to determine eligibility for sports. These services are provided specifically to support your child's participation in school athletics and to share relevant medical information with the school system and its athletic departments. In this context, the sharing of information is an essential part of the services being offered.

You have the right to revoke this Authorization at any time by sending a written request to the Chief Privacy Officer, Atrium Health, P.O. Box 32861, Charlotte, North Carolina 28232. Note that revocation of the Authorization does not apply to any information that was properly released under this Authorization before we received your request to revoke it. Information used or disclosed based on this Authorization may be subject to re-disclosure by the recipient and will no longer be protected by this Authorization or federal or state privacy laws. You are entitled to a copy of this Authorization.

**Atrium Health Notice of Privacy Practices**

We are required to make available our Notice of Privacy Practices.

[https://atriumhealth.org/for-patients-visitors/privacy/english\(English\)](https://atriumhealth.org/for-patients-visitors/privacy/english(English))

[https://atriumhealth.org/for-patients-visitors/privacy/spanish\(Spanish\)](https://atriumhealth.org/for-patients-visitors/privacy/spanish(Spanish))

Acknowledgment of Receipt of AH Notice of Privacy Practices

**No action is required unless you do not want your child to receive these services.**

If you choose to decline care from the AHF Team, please notify us in writing by emailing [Sean.Higgins@advocatehealth.org](mailto:Sean.Higgins@advocatehealth.org).