

Thank you for joining the Athletic Training Program and Membership at Sports Conditioning and Rehabilitation (SCAR)!

You will soon find that our approach to wellness and performance enhancement is unique and life changing.

We look forward to partnering with you in making a serious commitment to improve your overall fitness, compete and play injury free, and reach your athletic goals.

Thank you for giving me the opportunity to teach you the habits that will lead to a lifetime of health and great fitness.

Sincerely,

Nicole Hurst, MS, ATC
Head Athletic Trainer

NOTE: Please complete the *Health Information* packet attached, and bring it to your first appointment. We will discuss it during our consultation. This information is an important component of a competent, personalized program

Thank you!

High School/Collegiate Athletes

We would like to keep the athletic trainer and/or coach at the high school and/or college you attend updated on your progress or program at SCAR. Please provide the following information:

Athletes Name: _____

High School/College: _____

Grade: _____

Athletic Trainer: _____

Coach: _____

Sport (s): _____

Is there anyone else you would like us to talk to regarding your progress or program at SCAR? (ie: club coach, parent –if over 18)

Please provide name and phone numbers

Did your school or trainer from school tell you about SCAR? Yes No
If no, how did you hear about our program? Please circle: Family member Friend
Doctor Other

Name of referral _____

I give my permission to the athletic trainers and physical therapists at SCAR to communicate with any of the persons named above. By signing below I also give my permission to release my athletic training or physical therapy information and records.

Student Athlete Signature

Date

Parent Signature (If athlete is under the age of 18)

Health History

Last Name		First Name		Birth Date		M / F					
Home Phone		Cell Phone		Email							
Permanent Street Address		City		State:		Zip					
Marital Status		Spouses Name									
Employer:		Work Phone									
Business Address		City		State		Zip					
Occupation											
Please list past injuries:				Please describe any current injuries:							
Past Medical History:											
Have you ever had the following? Circle N or Y or leave blank if uncertain											
Measles	N	Y	Anemia	N	Y	Epilepsy	N	Y	Hepatitis	N	Y
Mumps	N	Y	High Blood Pressure	N	Y	Back Trouble	N	Y	Ulcer	N	Y
Chickenpox	N	Y	Low Blood Pressure	N	Y	Tuberculosis	N	Y	Arthritis	N	Y
Whooping Cough	N	Y	Migraine Headaches	N	Y	Last Chest X-ray			Pneumonia	N	Y
Scarlet Fever	N	Y	Cancer	N	Y	Asthma	N	Y	Please list any other problems:		
Diphtheria	N	Y	Polio	N	Y	Hives or Eczema	N	Y			
Smallpox	N	Y	Glaucoma	N	Y	AIDS or HIV	N	Y			
Thyroid Disease	N	Y	Hernia	N	Y	Infectious Mono	N	Y			
Rheumatic Fever	N	Y	Blood Transfusions	N	Y	EKG/echocardiogram	N	Y			
Mitral Valve Prolapse	N	Y	Bleeding Tendency	N	Y	Heart Disease	N	Y			
Kidney Disease	N	Y	Diabetes	N	Y	Stroke	N	Y			
Previous hospitalizations/surgeries/serious illnesses:											
Medications: (include non-prescriptions)											
To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the office of any changes in my medical status.											
Signature of Patient, Parent, Guardian:						Date:					
Athletic Trainer Review:											
Athletic Trainer Signature: :						Date:					

Summary of Notice of Privacy Practices

A new federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") goes into force on April 14, 2003. We are required to give you a printed copy of our Notice of Privacy Practices. For your convenience, we are providing this brief summary. Each section has a corresponding section in our full Notice, which we encourage you to read in its entirety. We are required to ask you to sign a one-time acknowledgment that you have received our full Notice.

Your Rights as a Patient. You have many new and important rights with respect to your protected health information. These are summarized below and described in detail in our full Notice of Privacy Practices.

Use of Protected Health Information. We are permitted to use your protected health information for treatment purposes, to facilitate our being paid, and to conduct our business and evaluate the quality and efficiency of our processes. Also, we are permitted to disclose protected health information under specific circumstances to other entities. We have put into place safeguards to protect the privacy of your health information. However, there may be incidental disclosures of limited information, such as overhearing a conversation, that occur in the course of authorized communications, routine treatment, payment, or the operations of our practice. HIPAA recognizes that such disclosures may be extremely difficult to avoid entirely, and considers them as permissible. For entities that are not covered under HIPAA to which we must send protected health information for treatment, payment, or operational purposes, we require that they sign a contract in which they agree to protect the confidentiality of this information.

Disclosures of Protected Health Information Requiring Your Authorization. For disclosures that are not related to treatment, payment, or operations, we will obtain your specific written consent, except as described below.

Disclosures of Protected Health Information Not Requiring Your Authorization. We are required by state and federal law to make disclosures of certain protected health information without obtaining your authorization. Examples include mandated reporting of conditions affecting public health, subpoenas, and other legal requests.

Communication to You of Confidential Information by Alternative Means. If you make a written request, we will communicate confidential information to you by reasonable alternative means, or to an alternative address.

Restrictions to Use and Disclosure. You may request restrictions to the use or disclosure of your protected health information, but we are not required by HIPAA to agree to such requests. However, if we do agree, then we are bound to honor your request. In the course of our use and disclosure of your protected health information, only the minimum amount of such information will be used to accomplish the intended goal.

Access to Protected Health Information. You may request access to or a copy of your medical records in writing. We will provide these within the time period specified, unless we are forbidden under HIPAA or by applicable state law to provide such records. If we deny access, we will tell you why. You may appeal this decision, which, under specified circumstances, will be reviewed by a third party not involved in the denial.

Amendments to Medical Records. You may request in writing that corrections be made to your medical records. We will either accept the amendments, and notify appropriate parties, or deny your request with an explanation. You have rights to dispute such denials and have your objections noted in your medical record.

Accounting of Disclosures of Protected Health Information. You may request in writing an accounting of disclosures of your protected health information. This accounting excludes disclosures made in the course of treatment, payment, or operations, and disclosures that were made as a result of your written authorization.

Other Uses of Your Health Information. Optional uses, as permitted under HIPAA, are listed in our complete Notice of Privacy Practices.

How to Lodge Complaints Related to Perceived Violations of Your Privacy Rights. You may register a complaint about any of our privacy practices with our Privacy Official or with the Secretary of Health and Human Services without fear of retaliation, coercion, or intimidation. For a full copy please ask your physical therapist.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Use and disclosure of protected health information is regulated by the federal law known as The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Under HIPAA, providers of healthcare are required to give patients their Notice of Privacy Practices for Protected Health Information and make good faith effort to obtain a written acknowledgement that this notice was received.

Therefore, I _____ (Print Patient Name or Guardian) acknowledge that Sports Conditioning and Rehabilitation of CA, Inc, has provided a written copy of its Notice of Privacy Practices for Protected Health Information to myself/guardian.

Patient or Guardian Signature _____

Date _____

Print Name _____

CONFIDENTIALITY

In the event that we need to contact you:

Which phone number would you prefer we call? Cell Home Work (please circle all that are acceptable)

May we leave a message on an answering machine or with someone at the acceptable numbers?
Yes No

May we contact you by e-mail? Yes No

Is there anyone besides your physician you give us permission to talk to regarding your physical therapy care? Yes No

If yes, please list _____

Patient or Guardian Signature _____

Date _____

Agreement and Release of Liability

1. In consideration of being allowed to participate in the activities and programs of Sports Conditioning and Rehabilitation of California, Inc. and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Sports Conditioning and Rehabilitation of California, Inc. and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for an injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Sports Conditioning and Rehabilitation of California, Inc. or the use of any equipment at Sports Conditioning and Rehabilitation of California, Inc. (Please initial _____)
2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity, I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial _____)
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment of machinery except as hereinafter stated. _____
4. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial _____)

Date

Signature of Client, Parent, Guardian

Print Name

Gym Etiquette

Gym etiquette is designed for the safety and consideration of all patrons who utilize Sports Conditioning and Rehabilitation.

Appropriate Exercise Attire

Clothing that allows you to move freely without restriction will allow you to complete exercises through a full range of motion and will decrease the risk of accidentally dropping weights. Respectable clothing is expected and should not be offensive towards anyone else, please no going shirtless. Proper footwear should be worn to prevent slipping and sliding and possible injury.

Towels

SCAR provides towels for your convenience, in consideration of other members please wipe down equipment after use, it is very unhygienic to use equipment covered with another person's sweat. Please limit the amount of towels you use to make sure there are always clean towels for everyone. After you are finished using the towels, please place them in the laundry bins provided throughout the club.

Sharing equipment

If you utilize a certain piece of cardiovascular equipment for more than a half hour and there are other members waiting to use that machine, please be considerate of them and give up the machine. Using a variety of machines allows the body to exert energy in alternative ways, helping prevent chronic over use injuries and boredom.

We all share the weight lifting equipment, so if someone is waiting please do not sit on a machine while you rest between sets. Please be considerate of other patrons and stand up and let a fellow gym member work in, as it is common courtesy to let the member alternate sets with you. The same rule applies if you're using a pair of dumbbells or any other small equipment. When you complete a set, place the weights on the floor so someone else can sneak in a set while you rest.

Please do not put a water bottle, towel, article of clothing, or any other personal item on a weight bench or piece of equipment you're not using. You may be preventing someone else from using that equipment. Set these items down on the floor next to the equipment you are using.

Dumbbells and Small Equipment Use

Be sure to replace any weights or other equipment to where it belongs after use. This makes it easier for everyone to locate the items they wish to utilize.

Never leave dumbbells or other small equipment lying around on the floor, someone may trip and fall. If you leave your dumbbells on the floor between sets, please place them next to a bench or wall to decrease the risk of accidents.

Please do not start a conversation, or interrupt in any other way, someone who is in the middle of lifting a weight. You can easily cause them to lose concentration and injure themselves.

Dropping weights to the floor with a great deal of crashing and banging is a distraction to everyone around you and can also cause damage to the equipment or the floor. If you can't have it in control when you're setting it down, then obviously it's too heavy for you. Use less weight.

Please limit loud grunting and groaning that may be distracting to others. Focus on controlled breathing for your own safety as well.

Unloading your weight bar

After you finish using a bar, leave it completely empty. Do not assume that everyone can lift the same amount of weight you can. Removing weight plates from a bar takes a fair amount of strength as well as good technique. Even if you're using only a 10-pound plate, you still need to clear your bar. If the next person who comes along wants to use a 45-pound plate, they should not be responsible for removing your weights.

Gym Equipment

If you are not sure how to use a certain piece of equipment, it is always best to ask a SCAR staff member, as we are always happy to help assist you. Often other people are on a schedule and it's best not to distract them from their workout. Also, they may not be qualified to give you advice on proper technique.

The same applies if you want someone to spot for you, do not hesitate to ask a SCAR staff member.

Water Cooler

SCAR has provided you with a reverse osmosis water purifier cooler for cleaner and better tasting water. Please do not stand, blocking others from using the cooler. When you do fill up your bottle, let everyone else in line get a drink first; don't hold up the entire line while you fill a gallon-sized water jug. Please place any used cups in the trash bin after use.

Helping the flow of traffic

Please do not block the traffic flow. While you shouldn't camp out on the equipment while you're resting between sets, neither should you clog the pathways between machines or congregate with friends in the free weight area, as this can create a hazardous condition. In general, weight rooms are crowded with little room between machines. If you block space, someone may walk around you and inadvertently bump someone who's working out on a machine, causing the person to lose control and to drop a weight. This may have serious consequences, with someone ending up injured. The gym is a social atmosphere, feel free to talk to your friends, however please be aware of others around you and the space you may be occupying.

Toting around your gym bag

Carrying your gym bag from machine to machine can create a tripping hazard for other members. Please use the lockers in the change rooms to store your belongings while you train.

Locker Rooms

Please do not take a marathon shower if people are waiting. With the exception of sweat, what you take into the shower should come out with you when you leave. Make sure that you remove all your shower supplies when you are finished. SCAR does provide certain toiletries for your convenience.

Please do not take up three lockers and spread your clothing over the entire bench. Share with others and close your locker when you leave.

Please do not leave locks on lockers overnight unless you have management permission. Locks left on over night may be cut off at the owner's expense.

Please do not leave your belongings in lockers overnight unless you have management permission. Articles left in lockers over night may be removed and SCAR does not guarantee the safe return of your personal items.

SCAR staff members thank you for your cooperation in ensuring a clean and safe atmosphere for all its members and employees.