



The Department of Recreation & Wellness
Fitness Center

Data Collection Form, Notice, & Emergency Contact Information

DIRECTIONS: Please **PRINT** all information neatly. Check the appropriate boxes as appropriate.

Current Student Employee Alum - Yr Graduated: _____ Community

NAME: _____ DATE: ____/____/____
(Last) (First) (Middle/Maiden)

ADDRESS: _____
(Number, Street, or PO Box)

(City) GA (State) _____ (Zip)

PHONE: (____) _____ ALTERNATE PHONE: (____) _____

LAKER ID NUMBER: _____ COMPANION MEMBER'S NAME: _____

NOTICE

Notice - All individuals are strongly encouraged to have a physical exam from a licensed medical professional prior to beginning, or re-starting an exercise program. Additionally, the American College of Sports Medicine recommendations and guidelines recommend a medical clearance for men over 45, women over 55 and individuals of any age who have two or more of the following risk factors: diagnosed hypertension, blood pressure of 140/90 or greater, total cholesterol greater than 200mg/dl or HDL of 35mg/dl or lower, smoke cigarettes, impaired fasting glucose, obesity, a family history of heart disease or a sedentary lifestyle. Medical clearance is also strongly recommended for persons with cardiovascular, pulmonary or metabolic disease. Please acknowledge your understanding of the above by signing in the space provided below:

Signature: _____ **Date:** _____

EMERGENCY CONTACT INFORMATION

Please complete this information so that we may assist you with contacting a friend or relative in the event you experience an illness or sustain an injury while in the fitness center.

EMERGENCY CONTACT: _____ RELATION: _____

EMERGENCY CONTACT PHONE: (____) _____ ALT PHONE: (____) _____



The Department of Recreation & Wellness Privacy Notice

Privacy Protection

I have been informed and understand that all forms containing my personal health information (PHI) will be securely protected in keeping with my rights. All information, whether in paper or electronic format will be protected through appropriate measures. Paper documents and forms will be maintained in a locked filing cabinet accessible only by The Department of Recreation & Wellness and/or Clayton State University (CSU) employees. Electronic data will be safeguarded by one or more passwords assigned to and known only by the appropriate personnel.

I have been informed and understand that I have the right to view and request copies of my PHI at any time. It is further understood that I have the right to request my PHI be amended should changes occur in the future. My signed authorization must be obtained before allowing each non-routine disclosure. A non-routine disclosure is defined as any disclosure not pertaining to health care or that is not listed in this document as being permissible. I recognize the right to request restrictions on the use and disclosure of my PHI, as it pertains to non-routine disclosures without fear of repudiation. Under the provision of HIPAA (Health Insurance Portability and Accountability Act), a history of non-routine disclosures of my PHI will be made accessible to me upon written request.

I understand that my PHI is provided willingly by me and I recognize that its contents will be accessible only to those individuals employed by Clayton State University. My PHI may be used in the following manner for:

- 1) assessing my current fitness level, if applicable and determining the possible need for medical referral,
- 2) research purposes where I have granted consent, and
- 3) other disclosures as they relate to public responsibility. This may include but is not limited to:
 - a) emergency circumstances
 - b) public health needs
 - c) research, generally limited to when a waiver of authorization is independently approved by the Institutional Review Board (IRB)
 - d) judicial and administrative proceedings
 - e) limited law enforcement activity
 - f) identification of the body of a deceased person, or the cause of death
 - g) oversight of the health care system
 - h) activities related to national defense and security

Information Boundaries

I have been informed and understand that my PHI may not be used for non-health purposes such as, disclosures to employers for personnel decisions, or to financial institutions without my written authorization. I do understand that as the Fitness Center is a public facility, it is possible that certain pieces of my PHI may be overheard or viewed during my personal assessment; this information will never be made directly available to anyone, other than the staff without my written permission. Additionally, I recognize that when needed, information disclosed for allowable purposes will be limited to the minimum necessary for that specific purpose. An exception to this exists concerning medical emergencies — in order that appropriate care may be rendered, I understand that my PHI may be discussed by individuals directly involved in my supervision and/or treatment.

Grievance Procedures

Should my privacy rights be violated, I understand that I have the right to file a formal complaint without the risk of retaliation by punitive or any other means. Procedures for filing a grievance are:

- 1) Submit a written account within 20 days of the event in question to the Director of The Department of Recreation & Wellness Center.
- 2) Should you fail to receive a response from the Director within 30 days of receipt of your letter, or if the matter is not dealt with satisfactorily, you may appeal in writing to the Vice President for Student Affairs.
- 3) Should you fail to receive a response from the Vice President of Student Affairs within 30 days of receipt of your letter, or if the matter is not dealt with satisfactorily, you may appeal in writing to the Clayton State University Office of Legal Affairs.
- 4) Should you fail to receive a response from the Clayton State University Office of Legal Affairs within 30 days of receipt of your letter, or if the matter is not dealt with satisfactorily, you may appeal in writing to the Secretary of the U.S. Dept. of Health and Human Services.

Initial Here

