

## IV - APPENDICES

### **IV(A) TECHNICAL STANDARDS FORM**

The Athletic Training Educational Program at the University of Louisiana at Lafayette is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education Programs[CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Educational Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the Athletic Training Educational Program must demonstrate:

1. the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;
2. sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
3. the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgements and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice;
4. the ability to record the physical examination results and a treatment plan clearly and accurately;
5. the capacity to maintain composure and continue to function well during periods of high stress;
6. the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced;

7. flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;
8. affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The UL Lafayette Services for Students with Disabilities Department will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review a whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

**I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.**

\_\_\_\_\_

***Signature of Applicant*** ***Date***

**OR**

*Alternative statement for students requesting accommodations.*

*I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the UL Lafayette Services for Students with Disabilities Department to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.*

\_\_\_\_\_

***Signature of Applicant*** ***Date***

**IV(b) - ACI EVALUATION OF ATHLETIC TRAINING STUDENT FORM**

**Athletic Training Education Program**

Evaluation of Student Clinical Traits

\_\_\_\_\_ **KNES** \_\_\_\_\_  
Students Name (Print)                      Course Number                      Clinical Instructors Name

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Rotation/Sport                      Rotation Beginning Date                      Rotation Ending Date

**Rating Scale:**

- 5 = Excellent
- 4 = Good
- 3 = Adequate
- 2 = Needs Improvement
- 1 = Poor
- 0 = Unacceptable
- NA = Not applicable or unable to rate at this time

**Please circle one.**

Professionalism (Demeanor/Punctual/Attitude)	5	4	3	2	1	0	N/A
Level of Confidence and self image	5	4	3	2	1	0	N/A
Shows respect to others (Equal/Fair treatment)	5	4	3	2	1	0	N/A
Personal Appearance (Uniform)	5	4	3	2	1	0	N/A
Dependability (Reliable)	5	4	3	2	1	0	N/A
Initiative (Involvement)	5	4	3	2	1	0	N/A
Organization (Proficiencies/Time)	5	4	3	2	1	0	N/A
Professional interest (Interest in learning/Current Events)	5	4	3	2	1	0	N/A
Communication skills (ACI/Athletes/Coach)	5	4	3	2	1	0	N/A
Administrative skills (Injury Documentation)	5	4	3	2	1	0	N/A
Overall ability (Follow instructions/Perform Skills)	5	4	3	2	1	0	N/A

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinical Instructor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinical Instructor's Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



8. This clinical site allowed me to receive a variety of experiences with both genders 1 2 3 4  
5 N/A
9. I interacted with enough patients at this clinical site to positively impact my learning N/A 1 2 3 4 5
10. I was left unsupervised to provide supervision, treatment, evaluation, rehabilitation of athlete's/patient's 1 2 3 4 5 N/A
11. Based on your opinion of an "Ideal" clinical education site, how would you rate this clinical education site? N/A 1 2 3 4 5
12. Should the Athletic Training Education Program continue to utilize this clinical site?  
      Yes           No
13. In your own words, please describe the strengths of this clinical site:

14. In your own words, please constructively describe the areas of improvement of this clinical site:

## Student Evaluation of the Approved Clinical Instructor

In an effort to improve the quality of clinical instruction and education within the Athletic Training Education Program, we are requesting that you complete the following evaluation. The responses you give will remain completely anonymous. However, the general information contained will be shared with the clinical instructor(s) in an effort to improve the overall quality of their instruction.

**STUDENT'S NAME:** \_\_\_\_\_ **ACI:** \_\_\_\_\_  
**DATE OF ROTATION:** \_\_\_\_\_ **SPORT ASSIGNMENT:** \_\_\_\_\_

**Answer the following questions about your experiences at your approved clinical instructor (ACI) to the best of your ability. Please use the following rating scale: 1=poor/never, 2=needs improvement/seldom, 3=adequate/sometimes, 4= good/often, or 5=excellent/always.**

**Circle One**

- |  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| 15. Adequate delineation of my role and responsibilities                                     | 1 | 2 | 3 | 4 | 5 | N/A |
| 16. Communicated knowledge effectively and in an organized manner                            | 1 | 2 | 3 | 4 | 5 | N/A |
| 17. Gave you the opportunity to practice skills  | 1 | 2 | 3 | 4 | 5 | N/A |
| 18. Gave suggestions on how to improve your weaknesses                                       | 1 | 2 | 3 | 4 | 5 | N/A |
| 19. Gave positive feedback about your strengths  | 1 | 2 | 3 | 4 | 5 | N/A |
| 20. Demonstrates respect towards students  | 1 | 2 | 3 | 4 | 5 | N/A |
| <b>21.</b> Encourages student input and ideas concerning assessment and treatment plans      | 1 | 2 | 3 | 4 | 5 | N/A |
| 22. Shows concern and/or interest in my learning   | 1 | 2 | 3 | 4 | 5 | N/A |
| 23. Has a basic understanding of my educational background and needs                         | 1 | 2 | 3 | 4 | 5 | N/A |
| 24. Successfully combines academic knowledge with clinical practice, to enhance the learning | 1 | 2 | 3 | 4 | 5 | N/A |
| 25. Projected a professional attitude, demeanor, and appearance                              | 1 | 2 | 3 | 4 | 5 | N/A |
| 26. Encouraged you to project a professional attitude and demeanor                           | 1 | 2 | 3 | 4 | 5 | N/A |
| 27. What is your overall rating of the of this ACIs supervisory ability?                     | 1 | 2 | 3 | 4 | 5 | N/A |
| 28. In your own words, please describe the strengths of your ACI:                            |   |   |   |   |   |     |

29. In your own words, please constructively describe the areas in which your ACI could improve:

## **IV(d) - GUIDELINES FOR CLINICAL/FIELD EXPERIENCE ROTATIONS FORM**

The following guidelines delineate the role of an athletic training student. As a student in the UL Lafayette ATEP, you are expected to conduct yourself in accordance with these guidelines during any clinical experience.

### **I. DEFINITIONS**

- A. Direct Supervision (Clinical Education Experience)**
  - 1. Direct Supervision is defined as the constant visual and auditory interaction between athletic training student and ACI/CI when a specific clinical skill or proficiency is being evaluated for course credit
- B. Supervision (Field Experience)**
  - 1. Supervision is defined as a clinical experience that involves daily personal/verbal at the setting between the athletic training student and ACI, CI, ATC, LAT, or other supervising allied health care professional
  - 2. The ACI, CI, ATC, LAT or other allied healthcare professional will plan, direct, and advise the ATS' clinical experience
- C. Unsupervised (First Responder)**
  - 1. Any clinical experience in which the ATS is acting without the presence of a ACI, CI, ATC, LAT, or other allied health care professional

### **II. ATHLETIC TRAINING STUDENT CREDENTIAL REQUIREMENTS**

- A. First Aid and CPR**
  - 1. A student athletic trainer must maintain current certification in First Aid and CPR, by the American Red Cross or the American Heart Association, in order to provide any allowable services of an athletic training student regardless of the presence of a supervising licensed and certified athletic trainer.
- B. OSHA Bloodborne Pathogens Training**
  - 1. A student must maintain a current training in bloodborne pathogens training in order to provide any allowable services of an athletic training student regardless of the presence of a supervising licensed and certified athletic trainer.

### **III. SUPERVISED EXPERIENCES**

- A. Acceptable Services**

An athletic training student acting under the supervision of an ACI, CI ATC, LAT or other allied health care professional may:

  - 1. Provide all athletic training services that have been presented within a previous or concurrent academic course and/or successfully evaluated in "Competencies in Athletic Training" for proficiency
  - 2. Write progress notes recording actions of care

### **IV. UNSUPERVISED EXPERIENCES**

- A. Acceptable Services**

The role of an athletic training student acting without the supervision of a ACI, CI, ATC, LAT or other allied healthcare professional is limited to that of the skills of a First Aider/First Responder, including:

  - 1. Application of all first-aid skills for the treatment of acute injuries including;
    - a. RICE
    - b. Blister/wound care
    - c. Wrapping
      - Use of elastic wraps to prevent injury and control swelling

2. Application of all CPR related skills
3. Provide assistance to the athlete with the application of a stretching program.
4. Application of a brace already being used
5. Application of splints for stabilization of an acute injury or for the protection of an existing injury provided that the splint has been previously applied to the athlete for the same injury
6. Conduct a history evaluation to determine the need for referral
7. Conduct a brief injury assessment to determine the need for splinting, bracing, or crutch use for safe referral
8. Application of ice per protocols
9. Write progress notes to record actions of care

B. Unacceptable Services

1. An athletic training student may not provide any service that is not identified in section III.A of the guidelines for clinical experience without prior written/verbal instruction, consent, and/or guidance by the supervising ACI, CI, ATC, LAT or other allied healthcare professional. This includes, but is not limited to the following:
  - a. Initiate, change, or progress a rehabilitation plan
  - b. Conduct a full, new evaluation of an injury

C. ATS Travel Policy

1. There may be times when an ATS will travel with an intercollegiate athletic team from UL Lafayette without the supervision of a ACI, CI, ATC, LAT, or other allied health care professional. In those instances, the ATS will act only within their scope of training as a First Aider/First Responder and consistent with approved National Safety Council, Red Cross or American Heart Association guidelines. Current card(s) must be carried by the ATS to verify their qualifications

V. CLINICAL HOURS

A. Required Hours

1. Athletic training students must complete a total of 720 clinical experience hours for completion of the program. Specific guidelines for obtaining clinical hours are included in the clinical course syllabi.

B. Verification of Hours

1. Clinical hour log sheets must be kept at the clinical rotation site, preferably in a binder, until hours are due to be turned in.
2. Clinical hours must be initialed/signed on a daily basis or as determined by your assigned certified athletic trainer
3. A separate sheet **must** also be kept to document all service work hours and will be turned in along with your assigned clinical hours log sheets on the appropriate due date(s).

VI. ROLE OF THE ACI, CI, CERTIFIED ATHLETIC TRAINER

A. The ACI, CI, ATC, LAT will:

1. Appropriately split time between multiple sports or settings assigned to the ATS in accordance with the objectives of the clinical course the ATS is currently enrolled.
2. Provide direct supervision of each athletic training student in the context of direct patient care and which is consistent with UL Lafayette ATEP Policies and Procedures.

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ATS/ACI/CI

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DATE

## IV(e) - GUIDELINES FOR SERVICE WORK FORM

### Guidelines by which students may perform service work University of Louisiana at Lafayette Athletic Training Education Program

The purpose of this policy is to assist you in understanding the process by which you may perform service work that may be related to your athletic training education clinical experiences. The following statements serve to assist you in understanding the difference between your commitment to any service work and your commitment to your academic clinical experience requirements.

1. The purpose of the University of Louisiana at Lafayette Sports Medicine Association is to promote the involvement of Kinesiology students with their state, regional, and national organizations. The organization also offers the opportunity to enhance relationships between students and faculty in the Department of Kinesiology. Your involvement in this organization is completely voluntary and any activity that you perform with this organization is counted as a service to the University of Louisiana at Lafayette Sports Medicine Association and in no way is required as part of your grade within your academic clinical experiences.
2. You may volunteer or be compensated for any service work (athletics, sports medicine/physical therapy clinics, intramurals, UCA summer camps, etc.) related to your clinical education experiences while completing or after completion of the necessary academic requirements as outlined in your document titled, "Athletic Training Student Clinical Experience Guidelines". The academic program encourages you to pursue these opportunities but in no way requires you to pursue them as a part of the Athletic Training Education Program.

If you perform such service work it is recommended that you understand certain issues related to this experience.

It is recommended that you should:

1. seek to clarify your specific role with the agency (i.e. first responder).
2. ask for a written description of their expectations and sign it stating that you understand what is expected.
3. be able to identify and have clear communications with your direct supervisor during your assignments.
4. clarify what liability coverage is provided by the department or agency and be informed of your need to possibly seek your own personal liability coverage. **The personal liability insurance provided by the University will only cover you during academic clinical experiences.**

It is both your responsibility and the department or agency which you are being utilized to perform the service work (voluntary or compulsory) to seek an adequate resolution to these issues.

The University of Louisiana at Lafayette Athletic Training Education Program encourages you to take every opportunity to gain valuable experiences in settings that would enhance your pursuit to become a certified athletic trainer. The Athletic Training Education Program will assist you in tracking these experiences by filing your logged hours and placing them in your portfolio under a section titled "Professional Experiences". **These "professional experience" hours (i.e. logged hours that occur during the academic semester after you have been accepted into the athletic training education program) do not count toward Academic Clinical Experience hours. Further more, submission of documented "professional experience" hours (voluntary or compulsory) are REQUIRED for your clinical courses if the experiences occur at any of the Athletic Training Education program affiliated clinical sites.** You are encouraged to get a letter of recommendation from your supervisor(s) after your assignment is completed. The logged hours and letter(s) of recommendation will become part of your professional portfolio for later use.

I understand the difference between the academic standards required of me as stated in the “Athletic Training Student Clinical Experience Guidelines” and any other service work that I might perform related to my Athletic Training Education clinical experiences.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date



## IV(G) HIPAA STATEMENT BY NATA

### HIPAA Final Rules Information

NATA Governmental Affairs Committee

August 2002

The Governmental Affairs Committee provides this information about the HIPAA regulations as a service to NATA members. This is provided as information only and should be viewed that way. Any final interpretations of this act should be left to your employer's attorney. Portions of HIPAA will affect the way athletic trainers communicate and otherwise handle medical records/information of our patient population. We believe it is important that you become familiar with these regulations. This message will briefly cover: background of HIPAA, final modifications with potential implications in work settings, and resources for additional information.

Background: HIPAA, which stands for Health Insurance Portability and Accountability Act, was created to allow, among other things, employees to keep their medical insurance plans as they change jobs ("Portability"). HIPAA is administered by the US Health and Human Services Department (The Department) and can be broken down into three "Rules". The first one, the "Transaction Rule" is intended to standardize procedure codes and electronic billing format; the second rule, the "Security Rule" is designed to secure personally identifiable healthcare information being transmitted electronically; the third rule is the "Privacy Rule" and it will have the greatest impact on how we communicate and share patients' medical information. Actually, the Privacy Rule took effect on April 14, 2001. Most covered entities must comply with the Privacy Rule by April 14, 2003.

The privacy rule creates national standards to protect individuals' personal health information and gives patients increased access to their medical records. HIPAA regulations were intended to only affect "covered entities" or those health care providers that conduct financial or administrative transactions electronically. However, it is thought by some that this definition has been expanded to include all health care entities, and business associates, that utilize patients' medical records. Thus, certified athletic trainers in all employment settings may be affected. NATA recommends that all ATCs have your employer's legal counsel determine if you are a covered or hybrid entity in your state and employment setting.

Final Rules: On August 14, 2002 the final rules to the HIPAA statutes were released in the Federal Register. For the complete story, please go to <http://www.hhs.gov/ocr/hipaa/> where you can also find a helpful fact sheet and other pertinent information.

There are seven main categories in the final rules that will most likely affect certified athletic trainers and they are discussed below:

1. Consent for Treatment - The original privacy rule required direct care providers obtain the patients written consent to the use or release of protected health information (PHI) for treatment, payment and health care operations. The final rule eliminates this requirement and substitutes a requirement that direct health care providers make a "good faith effort" to obtain a written acknowledgement of receipt of the provider's Notice of Privacy Practices.

Covered entities will instead be required to provide patients with a Notice of Privacy Practices that describes the uses and disclosures that may be made with their personal health information and the patient's rights over such information. The written acknowledgement must be in writing, but there is neither a form prescribed nor a requirement that the patient's signature be on the notice itself. A direct health provider may simply have the individual sign a separate sheet or simply initial a

cover sheet of the notice. Following this logic, the Department understands that it is impossible to obtain a signed consent form or acknowledgement of receipt of privacy policies during an emergency situation. Therefore, this is not a requirement of the final rules.

2. Authorization to Release Information - Covered entities are required to obtain an authorization for non-routine uses and disclosures of PHI, meaning disclosures to third parties that are not part of the chain of health care providers. It is unclear whether disclosure of an athlete's PHI to a coach or athletic director is included here, but disclosures to the media and others are included. NATA recommends all athletic trainers discuss this situation with their team physician, AD and coach and have an attorney create the applicable policy.

The Department has established a list of core elements that must be present for the authorization to be valid. They are:

- (1) A description of the information to be used or disclosed;
- (2) The identification of the persons or class of persons authorized to make the use or disclosure of the protected health information;
- (3) The identification of the persons or class of persons to whom the covered entity is authorized to make the use or disclosure;
- (4) A description of each purpose of the use or disclosure;
- (5) An expiration date or event;
- (6) The individual's signature and date; and
- (7) If signed by a personal representative, a description of his or her authority to act for the individual.

An authorization is not valid unless it contains all of the following:

- (1) A statement that the individual may revoke the authorization in writing, and (a) a statement regarding the right to revoke, and instructions on how to exercise such right or (b) if this information is included in the covered entity's Notice of Privacy Practice, a reference to the notice;
- (2) A statement that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining the authorization if such conditioning is prohibited by the Privacy Rule or, if conditioning is permitted, a statement about the consequences of refusing to sign the authorization; and
- (3) A statement about the potential for the protected health information to be redisclosed by the recipient.

Traditional blanket authorizations commonly used by athletic trainers should, in order to protect PHI, contain and address the above elements.

Finally, a covered entity that seeks an authorization is required to provide the individual with a copy of the signed authorization form. It is also paramount to remember that the patient or athlete must grant permission in advance for each type of non-routine use or disclosure. This means that

the authorization is done on a per incident basis and a universal authorization form will not be valid for non-routine uses or disclosures.

3. Minimum Necessary Rule - The minimum necessary standard was added to the privacy rules of HIPAA with the intention of limiting the use or disclosure of, and requests for, PHI to the minimum necessary to accomplish the intended purpose. The intent was to make covered entities evaluate their practices and enhance protections as needed to limit unnecessary or inappropriate access to, and disclosures of, PHI.

The final modifications exempt from the minimum necessary standard any use or disclosure for which the covered entity has an authorization. Nothing in the final rule eliminates an individual's control over his/her PHI with respect to authorization. Minimum necessary requirements are still in effect to ensure an individual's privacy for most other uses and disclosures. The minimum necessary rule does not apply to a covered entity's use or disclosure to another health care provider for treatment purposes. It does apply to use and disclosures for payment and health care operations (business operations).

4. Incidental Uses and Disclosures - The initial proposals made even incidental uses and disclosures subject to penalty. The final modifications, however, recognize that these may occur in the course of patient care and are often impossible to avoid. Thus, the final rule explicitly permits certain incidental uses and disclosures that occur as a byproduct of a use or disclosure otherwise permitted by the Privacy Rule.

The incidental use of disclosure is only permissible to the extent that the covered entity has applied reasonable safeguards to protect the PHI. If these safeguards are met, health care providers may use office sign-in sheets, hospitals may keep charts at bedside and health care providers can talk with patients in semi-private rooms without fear of violating the rule if overheard by a passerby.

5. Parents and Minors - The Final Rule clarifies that state law, or other applicable law, governs in the area of parents and minors. Generally, the Privacy Rule provides parents with new rights to control the health information about a minor child, with limited exceptions that are based on state or other applicable law and professional practice. For example, where a state has explicitly addressed disclosure of a minor's health information to a parent, or access to a child's medical record by a parent, the final Rule clarifies that state law governs. In addition, the final Rule clarifies that, in the special cases in which the minor controls his or her own health information under such law and that law does not define the parents' ability to access the child's health information a licensed health care provider continues to be able to exercise discretion to grant or deny such access as long as that decision is consistent with the state or other applicable law. Athletic trainers need to be familiar with applicable state laws that govern this relationship.
6. Uses and Disclosures for Research - The Final Rule allows authorizations for research to be combined with an informed consent to participate in the research study, another authorization, or any other legal permission related to the research. This is an exception to the general rule that authorizations may not be combined.
7. Business Associate Agreements - The Final Rule permits a covered entity to disclose PHI to a business associate who performs a function or activity on behalf of the covered entity that involves the creation, use or disclosure of PHI, so long as the covered entity enters into a contract with the business associate containing specific safeguards. This will impact all athletic trainers. For example, those athletic trainers that have a business relationship with brace makers must have a contract with the maker detailing uses of the PHI and the privacy standards. These business

associates, per the agreement, may not release patient information for marketing or other purposes without patient authorization.

The Final Rule allows covered entities to continue operating under existing contracts with business associates for up to one year beyond the April 14, 2003 compliance date. This transition period is available if the covered entity has an existing contract or other agreement with a business associate, and the contract is not renewed or modified between the effective date of the proposed rule and April 14, 2003.

An important piece of information to include in the Privacy Rules is a notice to the patient of their right to complaint. According to the Department, the privacy notice must contain a statement that individuals may complain to the covered entity and to the Secretary of the Department if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint with the covered entity, and a statement that the individual will not be retaliated against for filing a complaint. This is an important step in protecting the rights of the patient.

It should be noted that existing STATE law can preempt HIPAA although to what extent is worth considerable more discussion than space allows. It is highly likely that your state of residence already has a group/taskforce examining these issues based upon state law. You should monitor the information coming out of your state group, as NATA does not have all information as it pertains to individual state law. Many states have web sites devoted to this effort. For example, see Kansas site at [www.hark.info](http://www.hark.info).

The Department of Health and Human Services has stated a commitment to assisting covered entities meet compliance standards for this rule. They have also committed to update the guidance on their website to reflect any modifications or interpretations of the final rule. The NATA will monitor the information and bring it to our members, as it is available. You may personally monitor the information at the Office of Civil Rights web site at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/).

Note: ATCs who bill for athletic training services, regardless of work setting, must be aware of electronic billing rules (Rules 1 & 2) that are described elsewhere within HIPAA regulations.

Resources for Additional Information: The summary described above is not intended to be all-inclusive. Rather it serves as notice to all certified athletic trainers that provisions called for under HIPAA will impact the way you practice athletic training. Please consult your employer, medical director/ supervising physicians, and administrators to be sure that you clearly understand your role in the privacy policy and procedures that they will be required to develop. Share this information with third parties you work with, i.e., coaches, parents, media, etc.

Information regarding HIPAA has appeared in four issues of the NATA News. You may find these articles in the following issues:

- May 2000, p. 6-7
- Sept. 2001, p. 9
- Sept. 2001, p. 33-34
- Dec. 2001, p. 64

St. Anthony's Press offers a HIPAA Handbook with basic information and a notebook that is updated during the year as needed. The phone number is 1-800-765-6097 ext. 33107; ask for Katie to receive a special NATA member discount.

The following web sites can provide additional information:

- [www.hhs.gov](http://www.hhs.gov) (US Department of Health and Human Services) follow the "news" link. The HHS News and HHS Fact Sheets are very informative.
- [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) Office of Civil Rights web page includes fact sheet, press release and the official copy of the Final Rules.
- [www.aha.org](http://www.aha.org) this is the American Hospital Association site that offers AHA's comments and concerns about the Privacy Rule.

## IV(h) - ATEP RESOURCE AND REFERENCE MATERIALS LIST

### UL LAFAYETTE ATEP REFERENCE/RESOURCE MATERIALS

**UL LAFAYETTE LIBRARY:** This is a partial list of reference materials contained at the Edith Garland Dupre' Library on the campus of UL Lafayette:

#### BOOKS:

- Athletic Training & Sports Medicine, 3<sup>rd</sup> Edition. American Academy of Orthopedic Surgeons. AAOS- Chicago. ISBN: 0-89203-172-7
- Bate's Guide to Physical Examination and History Taking, 8<sup>th</sup> Edition. Brickley (2002).
- Clinical Athletic Training. Konin (1996). ISBN- 1556423152
- Counseling in Sports Medicine. Ray & Wiese-Bjornstal (1999). ISBN- 0880115270
- The Diabetic Athlete. Colberg-Ochs (2001). ISBN- 0736032711
- Functional Progressions for Sports Rehabilitation. Tippett & Voight (1995). ISBN- 0873226607
- Kinetic Anatomy. Behnke (2001). ISBN- 073600016X
- Physical Rehabilitation of the Injured Athlete, 2<sup>nd</sup> Edition. Andrews & Harrelson. WB Saunders Publishing. ISBN: 0-72166-549-7.
- The Team Physician's Handbook, 2<sup>nd</sup> Edition. Mellion, M., Walsh, W. Michael., Shelton, Guy L. (1997). ISBN: 1-560-53714-6.
- Thermal Agents in Rehabilitation, 3<sup>rd</sup> Edition . Michlovitz (1996). ISBN- 0044-5.
- Writing SOAP Notes, 2<sup>nd</sup> Edition. Kettenbach (1995). ISBN- 0037-2.

#### VIDEOS:

- Gunther's ER: The Anatomy of Medical Emergencies. Films for the Humanities, ISBN: 978-1-60467-426-2
- Functional Anatomy. Films for the Humanities, ISBN: 978-0-7365-9577-3
- The Anatomy of Pain. Films for the Humanities, ISBN: 978-1-4213-6222-9
- Managing Pain. Films for the Humanities, no ISBN listed, library item # is BVL5255
- Controlling Pain: Films for the Humanities, no ISBN listed, library item # is BVL 5531.
- Cells: Networks of Cooperation. Films for the Humanities. ISBN: 978-0-7365-0125-5
- The Human Body: Systems at Work: Films for the Humanities: ISBN: 978-1-4213-6183-3
- Cellular Respiration. Films for the Humanities, ISBN: 978-1-4213-7284-6
- Drugs: Uses and Abuses: Films for the Humanities, ISBN: 978-1-4213-1454-9

## **JOURNAL HOLDINGS:**

- American Journal of Physical Medicine
- American Journal of Sports Medicine
- Archives of Physical Medicine and Rehabilitation
- Athletic Therapy Today
- International Journal of Health Services
- International Journal of Sports Medicine
- Journal of Athletic Training
- Journal of Sport Rehabilitation
- Journal of Sports Medicine and Physical Fitness
- Medicine and Science in Sport and Exercise
- Physical Therapy
- Physician and Sports Medicine
- Sports Medicine
- Sports Medicine Digest

## **ATEP LEARNING LAB:**

### **EQUIPMENT:**

Dell Computer w/ internet (Lab)  
Printer (lab)  
Sony TV (lab)  
Toshiba VCR (lab)  
Dell Computer w/internet (classroom 137-B)  
LCD projection unit, ceiling mounted (classroom 137-B)  
DVD/VCR combo unit (classroom)  
Paraffin Bath  
2 Intellect Legend Combo Unit  
(4) TENS units  
Mettler LASER  
Iontophoresis unit  
Traction Unit  
Intermittent Compression  
Extremity Whirlpool Unit  
Assorted aluminum crutches and walking canes  
Rebounding trampoline and weighted rubber balls  
Vacuum splint set  
Spine Board  
3 football helmets  
3 sets of shoulder pads  
Inclinometer  
Assorted goniometers  
Stethoscopes  
Assorted blood pressure cuffs  
Multi use otic/ophthalmic/otolaryngoscope  
Twin-Ject epipen simulator and training DVD's (2)

### **VIDEOS:**

Cramer Athletic Training Series – Knee, Ankle, Shoulder, Back  
Back to Functional Movements

The Keystone Concept for Back Injury Rehabilitation  
Athletes and Asthma (2 copies)  
Sports Injury Concerns: The Female Athlete  
Paul Chek's Scientific Core Conditioning Abdominal Training  
Paul Chek's Scientific Core Conditioning Back and Ball Training  
Tennis Elbow III  
Sports Taping Basics: Lower Body  
Sports Taping Basics: Upper Body  
Teaching Flexibility  
Knee Replacement Surgery  
Elbow Arthroscopy  
Tackling the Heat  
Cryotherapy for First Aid  
Cryotherapy of Rehabilitation  
Sports Injury Risk Management and the Keys to Safety  
NCAA Athletes at Risk  
NCAA Drugs and Athletic Performance  
NCAA Recreational Drugs  
NCAA Prevention and Intervention

**BOOKS:**

Physicians Desk Reference, 1996 and 1982 volume's

Coalition of Americans to Protect Sports (1998). *Sports In Injury Risk Management and the Keys to Safety*. Coalition of Americans to Protect Sports: North Palm Beach, FL.

**SOFTWARE:**

Upper Extremity Injury Evaluation  
Dynamic Human  
Exam Master III  
Goniometry  
Athletic Training Action  
Athletic Training Concepts and Skills  
SIMS- Master  
2002 SEATA Student Athletic Training Emergency Situations in Athletics  
Tennis Elbow III  
Bledsoe Brace System – A course in Bracing  
Virtual Modalities  
Microsoft Access  
Microsoft Excel  
Microsoft Frontpage  
Microsoft Outlook  
Microsoft Powerpoint  
Microsoft Publisher  
Microsoft Word

**IV(i) - POLICIES AND PROCEDURES CONSENT FORM**

**UL LAFAYETTE ATEP  
STUDENT HANDBOOK  
AND  
POLICIES & PROCEDURES MANUAL  
ACKNOWLEDEMENT FORM**

I do hereby acknowledge that I have read and understand the UL Lafayette ATEP Policies, Procedures, and Student Handbook Manual. Furthermore, I agree to adhere to the policies and procedures as set forth in this document. I understand that failure to adhere to these policies and procedures can result in disciplinary action by the Athletic Training Education Committee, including probation or dismissal from the UL Lafayette ATEP Program.

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ATS PRINTED NAME

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DATE

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ATS SIGNATURE

## **V. REFERENCES**

- 1) Developing an Athletic Training Program Policy and Procedure Manual, Jeff G. Konin MED, ATC, MPT ,Instructor, Athletic Trainer, Delaware Tech
- 2) CAATE Website
- 3) NATA Education Council Website
- 4) NATA website
- 5) LATA Website
- 6) 2001-2003 UL Lafayette Undergraduate Catalog Bulletin
- 7) UL Lafayette Code of Student Conduct