

UK Sports Institute Limited

Athlete Consent Form (Medical Records)

For the purposes of this form: **Regulated Clinicians** are Doctors, Physiotherapists and Psychologists all of whom are required to register and comply with the rules of their relevant professional and regulatory bodies; and **Healthcare Professionals** are Nutritionists and Soft Tissue Therapists who are engaged by the UK Sports Institute under strict policies and terms relating to confidentiality.

Regulated Clinicians and Healthcare Professionals employed or engaged by UK Sports Institute to care for you, do not need your consent to **record** information about your medical care and treatment. However, in most circumstances UK Sports Institute will rely upon consent as the basis for **accessing** and **using** your confidential medical information. This consent can be implied or explicit.

Implied consent: if your confidential medical information is accessed and used by Regulated Clinicians or by Healthcare Professionals for your individual care then your consent is implied, without you having to explicitly say so. This is because it is reasonable for you to expect that relevant confidential medical information will be shared with other individuals in UK Sports Institute on a need-to-know basis in order to provide you with appropriate treatment. If you wish to withdraw your consent, you should let your Regulated Clinician or Healthcare Professional know. This may mean that it isn't possible to continue providing you with care or treatment, but your UK Sports Institute contact will explain this to you.

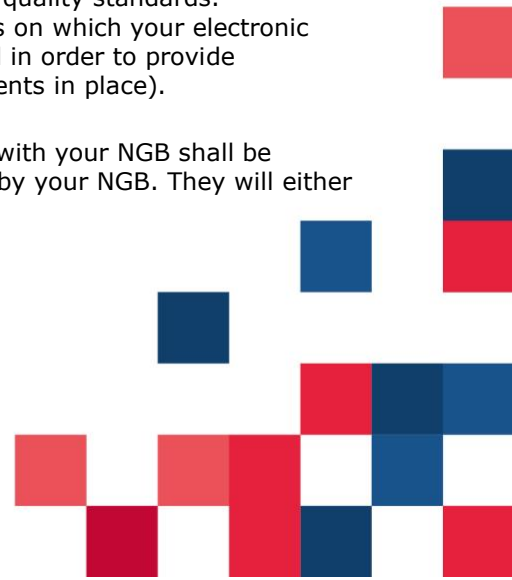
Explicit consent: if your confidential medical information is used for purposes beyond your individual care, then it will normally be necessary for UK Sports Institute to obtain your explicit consent. This form therefore sets out how your confidential medical information may be used beyond your individual care.

With appropriate security and safeguards in place, confidential medical records about you may be accessed and used by:

- UK Sports Institute administrative staff who support our Regulated Clinicians and Healthcare Professionals.
- The UK Sports Institute Athlete Health team who work under the supervision of a Regulated Clinician or Healthcare Professional and support a focussed approach to priority care for athletes by providing requested reports to our Regulated Clinicians and Healthcare Professionals.
- external medical experts and consultants to whom you are referred for specialised treatment or care.
- Regulated Clinicians who are not directly involved in your individual treatment but are engaged by us for the purpose of auditing UK Sports Institute's adherence to quality standards.
- Third party suppliers to UK Sports Institute who provide the systems on which your electronic medical records are held and who may require access to your record in order to provide necessary systems support (with appropriate confidentiality agreements in place).

It is important to note that the sharing of your confidential medical records with your NGB shall be restricted to the Regulated Clinicians and Healthcare Professionals engaged by your NGB. They will either

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have direct access to the UK Sports Institute system on which your medical record is held or your records will be securely transferred to them.

Your confidential medical records may be de-identified (meaning all data which could identify you has been removed) by members of the UK Sports Institute Athlete Health team for the purpose of research. The results of the research including details of the de-identified data could be published externally e.g. medical journals. UK Sports Institute would not use medical data which identified you, for the purpose of research, unless we have obtained your separate explicit consent.

While every effort is made to ensure that UK Sports Institute holds implied or explicit consent from you in respect of the access to and use of your medical record, there may be times where that requirement needs to be overridden, for instance in the event of significant concerns about your welfare.

For the avoidance of doubt, this consent form is separate from any consents that you may be asked to provide to UK Sports Institute Regulated Clinicians for the purposes of medical interventions or treatments, those additional consents will be obtained by the Regulated Clinician at the appropriate times.

I confirm that I have read, understood and provide my consent to the processing of my medical records as set out in this form.

Athlete's Name (Please Print): _____

Signature (Athlete)

Date

If the Athlete is under the age of 16 then the signature of their parent/guardian, or person with parental responsibility is (also) required.

Print Name

Signature

Date

Relationship to the Athlete: _____

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