



Dear Parent/Guardian,

Mitchell County Regional Health Center is concerned about your student-athlete's health. In the event of a possible head injury, such as a concussion or an incident causing concussion-like symptoms, the Physical Therapy Department and Osage Clinic work together to help your student-athlete safely return to action.

In order to better manage concussions sustained by our student-athletes, we use a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of the head injury and when the injury has fully healed.

This non-invasive test takes about 20-30 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

How the ImPACT program works:

- 1) **BASELINE:** First, your athlete takes the BASELINE test. Ideally this is done pre-season, but can be done anytime. It provides data on how your athlete's healthy brain performs. The BASELINE test is good for two years. Regarding the regular ImPACT test, it is recommended to take the first BASELINE in 7th grade, and then take a new BASELINE in 9th and 11th grades (there is a pediatric test for younger ages).
- 2) **POST-TEST:** If a concussion is suspected, the athlete then takes a POST-TEST. This provides data of how the injured brain is performing. The medical and physical therapy staff can then compare the BASELINE to the POST-TEST to better evaluate the injury and determine when return-to-play is appropriate and safe for your injured athlete. **This makes the BASELINE test very important in helping the medical and physical therapy staff care for your athlete.**
- 3) **Ages:**
 - a. Regular ImPACT is for ages 12+
 - b. Pediatric ImPACT is for ages 5-11

Costs:

- 1) **BASELINE:** Mitchell County Regional Health Center offers baseline tests for **FREE!**
- 2) **POST-TEST:** Billed to your insurance, coverage is dependent on each individual plan.

If you have an athlete in 7th grade or above and they haven't had a BASELINE test yet, please call the Physical Therapy and Sports Rehab department at 641-732-6047 to schedule one. Also, feel free to call with any questions.

RELEASE OF INFORMATION: I agree that Mitchell County Regional Health Center and the people who work at Mitchell County Regional Health Center are authorized to release information from financial and/or medical records, even if the information is related to drug, alcoholism, or psychiatric care, to any person or organization which is responsible or who Mitchell County Regional Health Center reasonably thinks may be responsible for payment of bills. I understand that Mitchell County Regional Health Center may record my information in an electronic health record. I consent to the sharing of this information for patient care, payment, patient safety and quality of care purposes by hospitals and clinics that participate in the Mercy Health Network-North Iowa.

I agree my information can be shared by the hospital with other past, future and current providers, caregivers and facilities to coordinate my health care, for payment and for administrative purposes, including quality and care management. This information may include dates and services provided, location where treatment was received, treatment information, names of doctors and health professionals, including mental health professionals, and any information related to diagnosis, hospital care, or treatment of my mental or emotional condition, except for substance abuse treatment provided in a federal Part 2 substance abuse unit.

PERMIT FOR TREATMENT: This is my request and consent to treatment at Mitchell County Regional Health Center and to permit the attending provider, and other providers who may be consulted regarding my care and treatment; and the nurses, technicians and other persons who work at Mitchell County Regional Health Center to provide me with necessary care and services. This may include treatment, tests and other procedures and routine nursing care.

AGREEMENT: FINANCIAL

PRIVATE PAY: I understand I am financially responsible to Mitchell County Regional Health Center for charges not paid by insurance. I understand this amount is due upon billing.

CONTACT BY TELEPHONE AND/OR EMAIL: I agree to receive telephone calls, Short Message Service ("SMS") text messages, or other messages made or delivered to the telephone number(s) I have provided. I understand these calls or messages may be made or delivered using an automatic dialing system, pre-recorded voice, hospital employee, or hospital business associate for purposes of treatment, payment, and health care operations. If I give a cell phone number, I understand my cell phone company may charge me. If I have provided an email address, I agree the Hospital may use the email address I have provided to send me information for treatment, payment, or health care operations, including appointment reminders.

PHYSICIAN AND PROFESSIONAL FEES: I understand that I will receive separate bills from individual physicians and professional service organizations for any services performed.

ASSIGNMENT OF BENEFITS: I hereby assign to Mitchell County Regional Health Center the benefits due me from my insurance company.

PHYSICIAN AVAILABILITY: Mitchell County Regional Health Center does not have a MD/DO on the premises 24 hours per day, seven days per week. If an emergency medical condition develops, a physician is on call and readily available to come to the facility to meet your medical needs.

RIGHTS AND RESPONSIBILITIES: Mitchell County Regional Health Center Patient Rights and Responsibilities, Visitor Rights and Advance Directive For Healthcare information were made available to me

I have read this form (or have had it read to me) and understand it. I agree by signing this form I am bound by what it says, whether I am the patient or someone acting the patient's behalf.

Patient/Guardian/Guarantor Signature

Witness

Relationship

Date

MCRHC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

MCRHC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.



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