

Gf _____ Ht _____ Wt _____
B/P _____ HR _____
Date of Screening _____

Place ID Sticker here

Location of Screening _____

SPARKLING ANGEL CHARITIES - The Kelly Weaver Memorial Fund

****TWO SIDES** Health History - Long QT Syndrome Screening Form ***TWO SIDES*****

Name: _____ Age: _____ Sex: M F

(Last) (First)

Street Address: _____ City/State/Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Parent's cell phone: () _____

Date of birth: _____ Grade: _____ School/Location: _____ Graduation year: _____

Primary Physician _____ Physician's phone: () _____

Race: ___Asian ___African-American ___Caucasian ___Hispanic Other _____

How many times per week do you exercise strenuously for 30 minutes or more? _____

CHECK SPORT/ EXERCISE PARTICIPATION:

BASEBALL BASKETBALL CHEERLEADING CROSS-COUNTRY DIVING FIELD HOCKEY
 FOOTBALL GOLF HOCKEY SOCCER SOFTBALL SONG/DANCE SWIMMING TENNIS
 TRACK/FIELD WATER POLO WRESTLING VOLLEYBALL Other _____

List any over the counter medication, prescriptions, including inhalers, vitamins or herbal medication you have taken in the last 3 months:

1. _____ 3. _____

2. _____ 4. _____

PARENT/GUARDIAN – PLEASE ANSWER THE FOLLOWING QUESTIONS

Has the Student/Athlete ever been hospitalized overnight? (Circle) YES NO

Diagnosis _____

Family History:

Does the student/athlete have a family history of: (Circle) YES or NO

1. Fainting Y N 4. Seizure Y N

2. Near Fainting Y N 5. Hearing disorder or deafness Y N

3. Dizziness Y N 6. Has any family member ever died of a sudden death? Y N

Student/Athlete's Personal History of Symptoms - Does the student/athlete have a history of: (Circle) Yes or No

1. Fainting? Y N Cause _____ 7. Skipped heart beat or irregular heart beat? Y N

2. Near Fainting? Y N Cause _____ 8. Rapid heartbeat or a sensation like your heart is racing? Y N

3. Dizziness during exercise? Y N 9. Become tired more quickly than peers during exercise? Y N

4. Seizure? Y N 10. Are you under a doctor's care for your heart? Y N

5. Hearing disorder or deafness? Y N 11. Have you ever had an EKG before? Y N

6. Eating disorder? Y N

Has any family member died of sudden death other than by an accident or trauma before the age of 55? Y N

If YES, please explain _____

*****PLEASE CONTINUE TO SIDE 2, COMPLETE AND SIGN*****

Sparkling Angel Charities

The Kelly Weaver Memorial Fund

This event is sponsored by a nonprofit charitable organization for the benefit of our community. Participants will be offered an EKG screening and by doing so we hope to increase the community's awareness of Long QT Syndrome and to eventually screen all local young people. This screening is being provided to detect Long QT Syndrome and not for the purpose of diagnosing or treating any particular health condition that you or your child may have. A qualified medical professional will read your child's EKG. You will not be notified of you or your child's EKG unless the results are abnormal. If the EKG results are not within normal limits, you will be notified in writing, given a copy of the EKG, and strongly encouraged to seek a medical attention. It is important to know that you or your child may suffer from a medical condition which may not be detected by this EKG screening. If you have any concerns about you or your child's health, contact your personal health care provider immediately. You understand that it is your decision as to whether or not you or your child participates in this EKG screening. No physical examination will be provided to determine whether there are risks to you or your child. By participating in this EKG screening you are assuming all risks of the screening on behalf of your child, and you are waiving any claim that you or your child's heirs may have as a result of participating in this screening. The information we collect from this event may be used for research purposes, and if so, all individual identifying information will be removed.

STATEMENT OF CONSENT/RELEASE OF LIABILITY

I hereby give my consent for myself or my child to undergo an EKG screening. I understand that the persons providing this screening are volunteers and will not be providing medical advice. I understand that I am assuming full responsibility for any risks or complications that may arise as a result of undergoing this screening. I further understand that the results of the screening are for the detection of Long QT Syndrome and not for the purpose of diagnosing or treating any medical condition that I or my child may have. I hereby release [Placentia Yorba Linda Unified School District, Yorba Linda High School](#), Sparkling Angel Charities and all agents, representatives, and volunteers, from any liability, individually and collectively, from any and all claims, including negligence, which may be asserted by me or my heirs arising from, or relating to my participation in this screening. I have read the foregoing and agree to all the terms and conditions.

I have received, read and understand the following: (Please initial each item)

_____ Parent Information Sheet (FAQs)

_____ Health History - Long QT Syndrome Screening Form

_____ Patient Statement of Consent/Release of Liability

_____ Sparkling Angel Charities Participant Privacy Notice (HIPPA) information.

_____ In the event of an abnormal EKG, I understand that follow-up care and treatment is not a part of this program, and that I am financially responsible for the cost of any and all follow-up evaluation, treatment and/or procedures whether or not covered by my insurance.

_____ I understand that my child's EKG data may be used in a future medical study. I give my permission to physicians associated with Sparkling Angel Charities to contact my child's physician in the event they have questions pertaining to my child's follow up care.

Participant's Name – Please PRINT

Parent/Guardian Signature

Parent/Guardian Name – Please PRINT

Your child's personal information is secure as Sparkling Angel Charities complies with the Health Information Privacy Protection Act (HIPPA).

▲ ▲ ▲ ▲ FILL IN AND PRINT ABOVE THIS POINT ONLY ▲ ▲ ▲ ▲

Sparkling Angel Charities Participant Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Background: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by the **Sparkling Angel Charities EKG Screening Program** (the "Program"), as sponsored by **Sparkling Angel Charities-The Kelly Memorial Fund** (the "Organization"). The Program needs to create, receive, and maintain records that contain health information about you to provide research data for a Long QT Syndrome research study. This notice describes the Program's health information privacy policy with respect to your EKG/ECG and LQTS Screening form data. The notice tells you the ways the Program may use and disclose health information about you, describes your rights, and the obligations the Program has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

Sparkling Angel Charities-The Kelly Weaver Memorial Fund's Pledge Regarding Health Information Privacy

The privacy policy and practices of the Program protects confidential health information that identifies you or could be used to identify you or pertains to recommended follow up examination by a board certified physician. This individually identifiable health information is known as "protected health information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

Privacy Obligations of the Program

The Program is required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of the Program's legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

How the Program May Use and Disclose Health Information about You

The following are the different ways the Program may use and disclose your PHI:

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if your child produces a suspicious EKG/ECG the Plan will provide copies of his/her EKG/ECG and Long QT Syndrome Health Questionnaire to you for your physician's review.
- **For Research Study Purposes.** The Program may use and disclose your PHI to enable it to provide research study data in regards heart arrhythmias and anomalies in young people. The Program may remove information that identifies you from health information disclosed to the research study so it may be used without identifying who the specific participants are.
- **To the Organization.** The Plan may disclose your PHI to designated Organization personnel so they can carry out their Program-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to members of the Organization. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Program to any other organization.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

As Required by Law. The Plan will disclose your PHI when required to do so by federal, state, or local law.

Special Use and Disclosure Situations

The Program may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Program may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Workers' Compensation.** The Program may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Program may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Program may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

Health Oversight Activities.

The Program may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.

- **Research.** Under certain circumstances, the Program may use and disclose your PHI for medical research purposes.

- **Coroners, Medical Examiners, and Funerals Directors.** The Program may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Program may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

Your Rights Regarding Health Information About You

Your rights regarding the health information the Program maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI.

To inspect and copy health information maintained by the Program, submit your request in writing to the Plan Administrator. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Program may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

- **Right to Amend.** If you feel that health information the Program has about you is incorrect or incomplete, you may ask the Program to amend it. You have the right to request an amendment for as long as the information is kept by or for the Program.

To request an amendment, send a detailed request in writing to the Program Administrator. You must provide the reason(s) to support your request. The Program may deny your request if you ask the Program to amend health information that was: accurate and complete, not created by the Program; not part of the health information kept by or for the Program; or not information that you would be permitted to inspect and copy.

- **Right to An Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that the Program has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations.

To request an accounting of disclosures, submit your request in writing to the Program Administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.

- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Program uses or disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Program discloses about you to someone who is involved in your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had.

To request restrictions, make your request in writing to the Program Administrator. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Program's use, disclosure, or both; and (3) to whom you want the limit(s) to apply. **Note: The Program is not required to agree to your request.**

- **Right to Request Confidential Communications.** You have the right to request that the Program communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Program send you a copy of your child's EKG/ECG and Long QT Syndrome Health Questionnaire form to a specified address other than the home address indicated in the contact information of the LQTS health questionnaire.

To request confidential communications, make your request in writing to the Program Administrator. The Program will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may write to the Program Administrator to request a written copy of this notice at any time.

Changes to this Notice

The Program reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Program already has about you, as well as any information the Program receives in the future. Current forms of this Notice will be available upon request from the contact information listed below.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Program Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred.

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Program will be made only with your written authorization. If you authorize the Program to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Program will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Program will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information: If you have any questions about this notice, please contact:

Monica Weaver
Sparkling Angel Charities-The Kelly Weaver Memorial Fund
9126 McBride River Avenue
Fountain Valley, CA 92708
Office: (714) 963-6542
Fax: (714) 963.6542

Notice Effective Date: January 1, 2006

Please keep this copy for your records

Sparkling Angel Charities
INFORMATION SHEET

What is an ECG (or EKG)?

ECG and EKG are abbreviations for **electrocardiogram**, which is graphic tracing of the electrical activity of one's heart. It is a simple, fast and noninvasive way to record the heart's electrical activity (heartbeat). You will **NOT** be shocked.

What is an ECG screening?

An ECG screening of the heart is much the same as a vision or hearing screening. It is not intended to be a diagnostic session, but to raise a red flag to identify **overt** potential problems.

Why are we offering free ECG Screenings?

To increase awareness of Long QT Syndrome (LQTS) and to detect if any participant may have LQTS.

What is Long QT Syndrome?

LQTS is a disturbance of the heart's electrical system causing an abnormality of the heartbeat, or rhythm, of the heart. Affected people are vulnerable to sudden fainting (syncope) and even death. Many times the cause of syncope is overlooked and the events are called simple fainting spells or seizures. Most often these events occur during physical exertion or emotional stress. In some, they occur during sleep. Most of these deaths are **preventable** if the condition is recognized and treated.

How is LQTS detected?

By an ECG that is read by a cardiologist or electrophysiologist, **not** by a computer print out. Further testing may be necessary to accurately diagnose LQTS.

Who will be doing the ECGs?

Staff of Sparkling Angel Charities who have been trained and certified to perform ECGs.

What should I wear?

Comfortable, loose fitting clothing. Ladies: **Please** do not wear dresses, pantyhose, sports bras or body lotion. Do wear a two-piece style bathing suit top or bra, without under wires, under your blouse.

Will privacy be provided?

Yes. Males and females will be screened in separate areas. Privacy screens, surround and separate surround each of the ECG machine beds. Only females will screen females.

Could I have a heart condition that is not detected by this screening?

It's possible. A normal ECG indicates - at this time - a low risk factor for sudden cardiac death, but it is not infallible. Please consult physician if you feel you might have a problem.

What if the ECG is abnormal?

A letter and copy of your ECG will be sent directly to your home address so that you may seek medical advice from your own physician. Your school will not be notified. It is your responsibility to follow-up with a board certified physician, preferably a cardiologist. **The cost of follow up evaluation, and treatment if necessary, is not the responsibility of the school or Sparkling Angel Charities.**

So, if I don't receive a follow up letter, can I assume the ECG was normal?

If you do not hear from Sparkling Angel regarding the outcome of the ECG it means that our physicians did not observe any overt abnormality. If our physicians detect an overt abnormality you will be notified in writing with the recommendation to see your physician or cardiologist/electrophysiologist for follow-up evaluation.

What do I have to do to participate in the ECG screening?

You must complete, sign and bring the Long QT Health Questionnaire/Consent form to the screening. A Sparkling Angel representative will collect the form at the time of the ECG screening.

DOWNLOADED DIRECTLY FROM OUR WEB SITE!

Go to www.SparklingAngel.org

Click on EKG Screening

Download "Health Questionnaire and Consent Form"

Your disclosure of honest, complete and accurate information is extremely important.

Questions? Please refer to our website for more information.

01/09