



# LIONS CAMP MERRICK

## FAMILY CAMP ADULT NOTICE OF PRIVACY PRACTICES



APPLICANT NAME: \_\_\_\_\_

*In accordance with the HIPAA (Health Information Portability and Accountability Act), this notice describes how health information about you may be used and disclosed. Please review it carefully. The privacy of your health information is important to us.*

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice took effect April 14, 2003 and remains in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time; provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practice and the new terms of this notice effective for all health information that we maintain, including health information we created or received before we made these changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available to you.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare professional or provider who is or may be providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment or assist a medical facility in obtaining payment for services we provided or assisted in providing for you.

**Healthcare operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

**To your family and friends:** We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare. This person is the one you have designated on your application to be your emergency contact person.

**Others involved in your healthcare:** We may use or disclose health information to notify, (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or

APPLICANT NAME: \_\_\_\_\_

disclosures (if not a minor). In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Research:** We may disclose your protected health information to researchers when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the information, and approved the research. In addition, we may disclose your protected health information as part of a limited data set for purposes of research, public health or healthcare operations.

**Marketing health-related services:** We will not use your health information for marketing communications without your authorization.

**Required by law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National security:** We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities.

**Camp practices:** We may use e-mails, voicemail messages, faxes or letters, to obtain your health information pertinent to care that we will provide to you.

**Electronic notice:** If you receive this notice by electronic mail (e-mail), you are entitled to receive this notice in written form. Renewal will be annually.

**Questions:** If you have any questions or concerns, contact us at the address or phone number below.

Contact person:	Donna Wadsworth Administrative Assistant Lions Camp Merrick P.O. Box 56 Nanjemoy, MD 20662
Phone:	301-870-5858
E-mail address:	<a href="mailto:admin@lionscampmerrick.org">admin@lionscampmerrick.org</a>

***In signing this form you agree that you have read and reviewed a copy of this notice and you also agree that we may disclose health information to the family member (s) and emergency contact person (s) you have designated on your application.***

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APPLICANT SIGNATURE

DATE

# Emergency Information:

The intent of this information is to provide camp healthcare personnel with background information for appropriate care. Keep a copy of the completed forms for your records.

**THIS FORM MUST BE COMPLETED PRIOR TO YOUR CAMPING SESSION.**

**Applicant Name:** \_\_\_\_\_

**Name and Phone # of two family members or friends who will be available in case of emergencies during entire camping session.**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker/Psychologist: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Title: \_\_\_\_\_

## ***Behavior Policy***

In order to ensure a safe, healthy environment for all campers, the following rules will apply and will be strictly enforced:

1. Applicants will not be abusive toward others or self.
2. Applicants will not take or misuse items/property belonging to other applicants, staff or the camp facility.
3. Applicants will follow instructions given by counselors/staff having supervisory responsibility over them.
4. Possession of weapons is not permitted.

Breaking the rules will result in immediate dismissal from camp **without refund**.

Lions Camp Merrick reserves the right to inspect all applicants' luggage, including personal belongings, at any time during the camp session.

APPLICANT:

*I understand and agree to abide by the above rules and to any restrictions placed on my participation in camp activities.*

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Insurance Information and Authorizations

**Applicant Name:** \_\_\_\_\_

**Insurance:** Please attach a copy of your Insurance or Medicaid Card. Also, attach completed and signed insurance forms along with referrals/authorizations if they are appropriate.

Insurance Co. \_\_\_\_\_ Policy \_\_\_\_\_ Group \_\_\_\_\_  
Subscriber's Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Claims Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Co. Telephone (\_\_\_\_\_) \_\_\_\_\_  
Medicaid/Medicare Card # \_\_\_\_\_ Cardholder Name \_\_\_\_\_  
Eligible for Medicaid Yes \_\_\_\_\_ No \_\_\_\_\_ From Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Authorizations:

**Insurance/Services:** I understand that there is no group medical coverage for services rendered or to be rendered and I hereby assign and transfer any benefits otherwise payable to me for my benefit under hospitalization, health or accident insurance, any other insurance coverage, to include major medical benefits, for the payment of services rendered. If a Medicare or Medicaid patient, I certify that the information given by me in applying for payment under TITLE XVII of the Social Security Act is correct. I request that payment of authorized benefits be made in my behalf. I understand that regardless of my assigned insurance benefits, I am responsible for total charges in consideration for services rendered

INITIALS \_\_\_\_\_

**Medical Release:** I authorize release of any medical information requested by representatives of local, state or federal agencies, insurance companies or other organizations as may be required. The health history is correct and complete as far as I know. I give permission to the camp to provide routine health care, administer prescribed medications, as well as over the counter medications (including sunscreen and insect repellent), and seek emergency medical treatment onsite or via EMT, Ambulance and/or including x-rays or routine tests. *(In addition, For Diabetes Camp ONLY I give permission for insulin dosage changes and daily glucose monitoring as deemed necessary by the NP or physician.)* I agree to the release of any records necessary for insurance purposes. I authorize the Camp to arrange emergency and follow-up related transportation. In the event a family member or guardian cannot be reached in an emergency, I authorize the physician selected by the camp to secure and administer treatment, including hospitalization, injection, anesthesia or surgery as well as follow-up treatment as needed.

INITIALS \_\_\_\_\_

**HIV:** I authorize the Camp medical staff to make arrangements and obtain specimens for documentation of the HIV/HBV status on the person named above. I understand this will only be performed in a situation of an occupational exposure incident that involves the camper/staff. *An occupation exposure incident is defined as a situation when camper/staff has been in contact with blood, body fluids or potentially infectious materials from a camper/staff (e.g. the employee accidentally touches a bleeding wound).* Regulations require that we perform measures to prevent exposure incidents; however, if an incident does occur, the staff and camper involved should be tested. Blood tests will be performed by a nearby local hospital/clinic. I understand that all results will be given to me and that the Camp will not disclose the results of these tests to others except as required by law or as necessary to safeguard the well being of health care professionals, Camp medical staff, or other persons at risk. I understand that the absolute confidentiality of the test results cannot be guaranteed although all measures required by law to ensure confidentiality will be followed and that the results will be placed in the Lions Camp Merrick Exposure Control record in the camp office.

INITIALS \_\_\_\_\_

**Hold Harmless:** I do hereby agree to indemnify and hold Lions Camp Merrick and its directors, agents, volunteers, and/or employees harmless from any and all damages, claims, expense or costs of whatever nature, causes of action, suits and liability of every kind including attorney fees, for injury to or death, or for damage to any property, arising out of or in connection with use or occupancy of the premises or participation in the Camp programs, except where such injuries, death or damages are caused in whole or in part by the negligence of Lions Camp Merrick, or joint negligence of Lions Camp Merrick and any other person or entity employed by the Camp.

INITIALS \_\_\_\_\_

**Search and Seizure:** As a condition of participation and in order to provide a safe environment for all persons, Lions Camp Merrick adopts a policy of reasonable search and seizure of any person or personal property in situations of suspected theft, illegal drugs, or possession of contraband items such as weapons, fireworks and alcohol. Your signature and initials on this document will be deemed as a written consent to such reasonable searches and seizures and a waiver of all claims against Lions Camp Merrick for conducting the same.

INITIALS \_\_\_\_\_

**Consent:** The applicant agrees to attend and participate in activities at Lions Camp Merrick. I understand that the program may include field trips and canoe trip/over-night camp outs which may include transportation from and to the Camp and give permission to participate in such field trips, high ropes, low ropes, swimming, sports games and archery. I understand that pictures, audiotapes, and videotapes may be taken for use in publicity that is in the proper interest of the Camp and agree to this.

INITIALS \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian/applicant

\_\_\_\_\_  
Printed name of parent/guardian/applicant

\_\_\_\_\_  
Date



## Lions Camp Merrick, Inc.

### WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in archery, challenge course, ropes course, swimming, canoeing and other water sports and field games hereinafter referred to as “Activities,” I, for myself, my heirs, personal representative or assigns, do hereby release, waive, discharge, and covenant not to sue Lions Camp Merrick, its officers, directors, employees, and agents from liability from any and all claims including the negligence of Lions Camp Merrick, its officers, directors, employees, and agents, resulting in personal injury, accidents, or illness (including death) and property loss arising from, but not limited to, participation in the Activities.

**Assumption of Risks:** Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in The Activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and hold Harmless:** I also agree to INDEMNIFY AND HOLD Lions Camp Merrick HARMLESS from all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in the Activities and to reimburse Lions Camp Merrick for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks is intended to be as broad and inclusive as is permitted by the laws of the state of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgement of Understanding:** I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand the terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Participant

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Participant