



UPWARD BOUND CAMP HIPAA COMPLIANCE

P.O. Box C, Stayton OR 97383
Phone (503) 897-2447 Fax (503) 897-4116
Email: camp@upwardboundcamp.org

OFFICE USE ONLY
Received by: _____
Date received: _____

*In compliance with federal guidelines (Health Information Privacy Practices Act), this form MUST be on file prior to camp attendances and will remain active for 7 years from date received.
Releases forms and current likeness (photo) MUST be on file in office prior to attendance.*

NOTICE OF PRIVACY PRACTICES:

- I understand that Upward Bound Camp for Persons with Special Needs, Inc. (hereafter referred to as UBC) will use and disclose health information about me.
- I understand that my health information may include information received by UBC in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions and similar types of health related information.
- I understand that UBC may use & disclose my health information in order to:
 - o Make decisions about and plan for my care and camp activities with camp staff
 - o Refer to, consult with, coordinate among and manage along with other health care providers involved in my care and for treatment in the event of illness or injury.
 - o Determine my eligibility for camp attendance and/or particular camp activities
 - o Perform various office, and administrative functions that support UBC's efforts to provide me with best possible camp opportunities appropriate to my needs.
- I understand that I have the right to receive and review the written description of how UBC will handle health information about me. This written description describes the uses and disclosures of health information made and the information practices followed by the staff and office personnel of UBC and my rights regarding my health information.
- I understand that this description may be revised from time to time and that I am entitled to receive a copy of any revised practices upon request to UBC.
- I understand that I have the right to ask that some or all of my health information not be used or disclosed in the manner described in the Notice of Privacy Practice, and I understand that UBC is not required by law to agree to such requests.
- These releases are to be signed by a parent or legal guardian if participant is under 18 years of age OR by the participant if 18 or older. OR if participant is legally emancipated.

CAMPER INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
 Gender (check one): Male Female Other Birthdate: _____ MM/DD/YY
 Name of person completing this form: _____ Length of time known camper: _____
 Phone: _____ Email: _____

BY SIGNING BELOW, I AGREE THAT I HAVE REVIEWED & UNDERSTAND THE INFORMATION ABOVE.

Camper/Guardian Signature _____ Date: _____
 Camper/Guardian Name Printed _____ Phone: _____
 Camper Representative Signature _____ Date: _____
 Camper Representative Name Printed _____ Phone: _____
 Authority of Representative (Relationship) _____ Date: _____