

## **Wonderland Camp**

### **Health Information Privacy Protection Act**

In accordance with the Health Information Privacy Act (HIPPA), Wonderland Camp's legal duty will respect the rules around the privacy of medical/health information for the staff and how we protect the privacy of one's medical/health records that we receive and provide.

Wonderland Camp gathers two types of information for our staff. The first is personal identification (name, address, phone number, etc.) and the second is medical information such as medications, medical treatment and medical history. Wonderland Camp will share personal and medical data only with those people directly involved in their medical care.

We may obtain, but we are not required to, your consent for the use or disclosure of your protected health information for treatment. We are required to obtain your authorization for the use or disclosure of your information or other specified purposes or reasons.

#### **How We May Use and Disclose Medical Information**

Wonderland Camp can use or disclose medical information about staff regarding medical treatment or health care operations and we will make a good faith effort to have you acknowledge your copy of the Notice of Privacy Practices.

**Treatment:** We may use medical information about you to provide you with treatment or services. We also may disclose medical/health information about you to people outside Wonderland Camp who are involved in your medical care after you leave the camp.

**Health Care Operations:** We may use and disclose medical health information about you for our facility health operations. These uses and disclosures are necessary to run Wonderland Camp and make sure that all of our campers/staff receive quality care. We may also disclose information to Wonderland Camp staff on a need to know basis. It may also be necessary to obtain or exchange camper/staff information with appropriate government agencies and law enforcement.

#### **Uses and Disclosures of Medical/Health Information that do NOT Require your Consent or Authorization**

We may use or disclose health information about you without your consent or authorization when:

- there is an emergency or when we are required by law to treat you
- we are required by law to use or disclose certain information
- there are substantial communication barriers to obtaining consent from you, or
- required to do so by federal, state or local law.

**Wonderland Camp**  
**Health Information Privacy Protection Act**  
**Acknowledgement Form**

Staff Name: \_\_\_\_\_  
*Print Name*

Staff Birth Date: \_\_\_\_\_  
*Month Day Year*

I acknowledge that I have been given a copy of the Wonderland Camp Health Information Privacy Protection Act policy.

\_\_\_\_\_  
*Print the First Name, Middle Initial and Last Name of Staff/Parent/Guardian*

\_\_\_\_\_  
*Signature of Staff/Parent/Guardian*

\_\_\_\_\_  
*Date*

Please check one of the following to indicate the relationship between the camper and the person whose signature appears on the line above.

Staff                       Staff's Parent                       Staff's Guardian

Staff Refused to Sign Form