



Empowering Children, Youth and Families Affected by HIV/AIDS

Dear Parents/Legal Guardians,

Thank you for requesting information about our upcoming 2017 camps! We have a season full of camps, opportunities to develop a positive identity, independence, and a support group with new friends.

There are only FOUR easy steps to becoming a CONFIRMED camper:

1. Fill Out Application

- Include all checked items from application checklist.
- **VERY IMPORTANT:** Remember to **SIGN** and **DATE** every page that contains a: "✕"

2. Get TB Test and/or Physical

- See enclosed application checklist to determine if your current test results are eligible or if new tests are needed.
- Remember to make your appointments **EARLY** and **IN ADVANCE!**

3. Submit Completed Application and Deposit

Camp	Priority Deadline (No deposit)*	Final Deadline
Family Camp – February 18 – 21, 2016 (Parents/Legal Guardians & Children 3-17)	January 18, 2017	February 10, 2017

***NO DEPOSIT** required if complete application is SUBMITTED BY PRIORITY DEADLINE.

Refundable Deposit Information:

- Required ONLY if application is turned in **after January 18, 2017**, the priority deadline.
- \$10 for the first camper, \$5 for each additional camper in a family.
- All cancellations with less than two weeks notice will forfeit deposit.

Final Deadline: Unless special arrangements have been made, all paperwork must be submitted by the FINAL DEADLINE, as staff will not be in the office

4. CONFIRMATION

- You will be notified via phone and mailed a confirmation packet.

Please feel free to call The Laurel Foundation office at (626) 683-0800 if you have any questions.

Thank you,

Lupe Flores
Bilingual Outreach Coordinator



2017 Camp Laurel Child Application Checklist



Camp Session:	<input type="checkbox"/> FAMILY CAMP (February 18-21, 2017) Ages 3-17 & Parents/Guardians	<input type="checkbox"/> Summer Camp (August 15-20, 2017) Ages 6-17	
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Camper Name: _____

The items checked below are needed in order to guarantee a space at camp. All required documents are included in this packet. Please return registration materials as soon as possible. If you have any questions, please call Lupe Flores at (626) 683-0800.

- 2017 Camp Laurel Camper Application
- TB Screening
 - Winter Camp: **MUST BE DATED AFTER: 02/22/2016**
 - Summer Camp: **MUST BE DATED AFTER: 08/20/2016**
- Physical
 - Winter:
 - Infected campers: **MUST BE DATED AFTER: 07/22/2016**
 - Affected campers: **MUST BE DATED AFTER: 02/22/2016**
 - Summer:
 - Infected campers: **MUST BE DATED AFTER: 02/20/2016**
 - Affected campers: **MUST BE DATED AFTER: 08/20/2016**
- Refundable Deposit \$_____ (FOR THE ENTIRE FAMILY)
 - Only required if submitting complete application **after January 18, 2017**, the priority deadline.
 - Cash, check, money order or credit/debit card accepted.
 - Please call the office to pay by credit/debit card.
 - Checks and credit/debit cards are **NOT** processed until after camp and **ONLY** if the proper cancellation notice was **NOT** given.

DON'T FORGET TO SIGN AND DATE EVERY LINE WITH A "X" ON IT!

Please return materials to:
The Laurel Foundation
 75 South Grand Avenue, Pasadena, CA 91105
 Phone: (626) 683-0800 Fax: (626) 683-0890



2017 Camp Laurel

Child - Camper Application



Camp Laurel is an equal opportunity provider. Camp Laurel is open to any child (6-17) living with HIV/AIDS (infected/immediately affected), without regard to race, color, sex, religion or national origin or disability.. Acceptance into camp is at the sole discretion of Camp Laurel staff and shall be confirmed once a complete application is received and upon review of medical/behavioral conditions. All information is confidential and used only by Camp Laurel's administrative/medical staff in accordance with the HIPAA Act of 1996. If child is not aware of his/her/family member's status, please refer to the Disclosure Policy on page two.

General Information

(to be completed by parent/legal guardian)

Check here if camper is a **Returning CIT**

Child's Name:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Birthday: / /	Age:
Parent/Legal Guardian Name: (1)	Relationship to the child:		
Does parent have legal custody? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, who has legal custody?		
(If parent does not have legal custody, please attach proof of guardianship to this application.)			
Parent/Legal Guardian Name: (2)	Relationship to the child:		
Street Address:			
City:	State/Zip:		
Home Phone:	Cell Phone:		
Parent/Guardian Email Address:	Work Phone:		
How did you hear about The Laurel Foundation?			
My child attends school: <input type="checkbox"/> Almost Everyday <input type="checkbox"/> Most Days <input type="checkbox"/> Not Often			
My child's school performance is usually: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Failing			
Ethnicity (Optional): <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Other:			

What is the Child's HIV Status?

<input type="checkbox"/> HIV+ (child is infected) How did child contract HIV? _____ _____ Does child know his/her status? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NOT HIV+ (child is affected) How is the child immediately affected? <input type="checkbox"/> Child has parent/sibling who is HIV+ <input type="checkbox"/> Child is currently living with an HIV+ legal guardian for at least one year <input type="checkbox"/> Child's parent(s) or siblings died of HIV/AIDS <input type="checkbox"/> Child is currently living with a camp age HIV+ cousin/similar relative for at least one year Is the child aware of family member's HIV status? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Mental Health Questions

1) Has your child seen/consulted with a social worker, psychologist and/or psychiatrist in the past 6 months? YES NO

2) Has your child been diagnosed with a behavioral or mental health condition? (e.g., ADD/ADHD, Depression, PTSD, OCD) YES NO

3) Has your child been prescribed or is currently taking a psychoactive medication for any reason? YES NO

If you answered "Yes" to any of the questions in this section, please complete the psycho-social assessment on page 7.

Please check all that apply for your child:

<input type="checkbox"/> Child has fears about attending camp	<input type="checkbox"/> Waking up at night, sleepwalking, nightmares, etc.
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Behavior problems, trouble functioning at age level
<input type="checkbox"/> Anxiety or fear of new situations	<input type="checkbox"/> Difficulty dressing independently
<input type="checkbox"/> Problems getting along with other children	<input type="checkbox"/> Serious illness/death of family member in last year
<input type="checkbox"/> Parent/Guardian has concerns about camp	<input type="checkbox"/> Other children you do not want in child's cabin
<input type="checkbox"/> Special dietary needs (Diabetic, Food Allergies, etc.)	

Please explain checked items: _____

The Laurel Foundation
 75 South Grand Avenue, Pasadena, CA 91105
 Phone: (626) 683-0800 Fax: (626) 683-0890

Conditions of Enrollment

(to be completed by adult/parent legal guardian)

Your signature below indicates approval of the following:

1. In consideration of the acceptance of my application for participation at Camp Laurel Foundation, Inc. (hereafter referred to as "The Laurel Foundation"), I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter occur as a result of my participation in The Laurel Foundation's activities. This release is intended to discharge in advance The Laurel Foundation, and all of its agents, representatives, volunteers and employees from any and all liability, claims, costs, expenses and/or damages (collectively referred to as "liability") arising out of or connected in any way with my participation in the activities of The Laurel Foundation, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents occasionally occur during camp activities; and that participating in camp activities may occasionally result in illness (up to and including death), mortal or serious personal injuries and/or property damage as a consequence thereof. I also understand that The Laurel Foundation accepts no responsibility for the loss, damage or theft of my property. Knowing the risks of camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who through negligence or carelessness might otherwise be liable to me (or to my heirs or assigns) for damages.
2. I acknowledge that The Laurel Foundation is a camp for children living (infected/immediately affected) with HIV/AIDS. If my child is not aware of my/his/her HIV/AIDS status, I understand that The Laurel Foundation's personnel will keep this confidential. However, The Laurel Foundation cannot guarantee that my child will not learn of his/her infection from interacting with other children or staff personnel attending The Laurel Foundation. I hereby release The Laurel Foundation from any liability with respect to such disclosure to my child.
3. I understand that during any camping experience involving community and/or environmental living there are inherent health risks, including but not limited to exposure to illnesses, childhood or otherwise, to which I may not have been previously immunized against. Further, I understand that The Laurel Foundation has made every reasonable attempt to minimize these health risks; however, should I experience any illness following any The Laurel Foundation, Inc. program, I should contact my physician or call The Laurel Foundation, Inc. office (626) 683-0800 to consult with the medical staff.
4. Person(s) to be contacted in case of an emergency while I am at camp:
Name: _____ Relationship: _____
Home Phone: _____ Cell/Work Phone: _____
5. The Laurel Foundation's administration must be notified of any changes to emergency contact information. It is crucial for The Laurel Foundation administration to be able to reach emergency contact at any time in the event of emergency.
6. By signing this consent, I am stating that I am the parent/guardian of the child named below on this application and I have the authority to enroll my child and execute all required documents needed for my child to attend The Laurel Foundation's programs. I have obtained any and all pertinent consents or authorities (including those required by court order. I understand that should my child's other parent/guardian (if applicable) challenge my authority: **1**) My child will be sent home promptly and, **2**) I will protect The Laurel Foundation and it's programs from the claims of the other parent/guardian, including paying all costs of resolving the dispute.
7. Camp Laurel Foundation, Inc.'s accident insurance program represents secondary coverage for campers. Any and all claims must be submitted primarily through your insurance company. If you have health and accident insurance coverage, please list:
(ATTACH COPY OF INSURANCE CARD)
Name of Insurance Company: _____
Address: _____ Phone: _____
Policy Number: _____ Certificate Number: _____
CCS Number: _____ Medical Number: _____
8. I authorize The Laurel Foundation, Inc.'s medical staff to render or order medical treatment for me in case of any medical and/or surgical emergency and in the treatment of pain and/or discomfort, to receive any x-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under the supervision of any physician, dentist or surgeon licensed under the provisions of the California Medical Practice Act or the California Dental Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the civil code of California.
9. All information provided in this application is correct so far as I know and I may engage in all prescribed camp activities, except as noted by the examining physician and/or me.
10. I attest that all of the child's immunizations required for school are up to date.
11. By signing below, I acknowledge that I have read the entire application and agree to each of the provisions contained in the General Information, Conditions of Enrollment, Medication List, Health History, Permission for Camp Activities, Physical Information, and Photo/Video & Media/Press/Art Release sections of this camper application.

Parent/Legal Guardian Name:

Parent/Legal Guardian Signature:

Date:

Child's Name (please print clearly):

The Laurel Foundation

75 South Grand Avenue, Pasadena, CA 91105

Phone: (626) 683-0800 Fax: (626) 683-0890

There is one:

Medications

(to be completed by parent/legal guardian or physician)

CAMPER NAME: _____

Please initial if your child does not take any medications: _____

If your child **does** take medication, please list all medications, including vitamins and dietary supplements below.

MEDICATION	DOSAGE	TIMES TAKEN	ROUTINE/AS NEEDED	
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed

Describe routine your child prefers to receive medication: _____

Does your child take his/her medications as prescribed by your doctor? (Circle one): Always Sometimes Most of the time Never

Does your child go to his/her scheduled doctor visits? (Circle one): All the time Sometimes No Only for camp

NOTE: Medications must be received in original pharmacy containers with dosage typed by pharmacist. Meds are stored/administered as directed. Personal modifications cannot be honored. Administration times may be altered due to nature of camp environment.

Health History

(to be completed by parent/legal guardian)

Allergies (Please list all): _____

Have you ever had Varicella (Chicken Pox) or Zoster (Shingles)? Yes No

Have you been exposed to any of the following contagious/communicable diseases in last 1-3 weeks?

Measles Mumps Chicken Pox (Varicella) Shingles (Zoster) Other: _____

Please list any special needs or equipment (e.g. G-tube, central line, wheelchair) our medical staff should know about: _____

Do you have a history of any of the following? (Check all that apply)

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Sinus Infections | <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches | <input type="checkbox"/> Eczema/Rash | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Oral Herpes | <input type="checkbox"/> Chronic Diarrhea | <input type="checkbox"/> Chronic Constipation | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> SC Anemia traits | | | |

If Female, has child begun menstrual period? YES NO If yes, can she use tampons? YES NO

Permission for Camp Activities

(to be completed by parent/legal guardian)

The elevation of the campsite is 6,600 feet. Typical camp activities include ropes course, hiking, archery, horseback riding, rock climbing, boating, yoga, sports, small animal handling, zip-line, rock wall, mountain boarding, snow sports, water sports, etc.

Are you restricted from any camp activities? YES NO

Do you have elevation restrictions? YES NO

If yes, please list restrictions: _____

Parent/Legal Guardian Signature: _____

Date: _____

Don't forget to SIGN and DATE every page

The Laurel Foundation

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There is one:

Physical Information

(to be completed by a licensed physician, nurse practitioner or physician assistant)

CAMPER NAME: _____ Height _____ Weight: _____

Allergies: _____

Check if there are any abnormalities with the following

	Yes	No	Comments		Yes	No	Comments
General	<input type="checkbox"/>	<input type="checkbox"/>	_____	Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	_____	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other:	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please check whether the patient has the following:

	Yes	No		Yes	No		Yes	No
Recent Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>	Lab Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	Communicable Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Illness	<input type="checkbox"/>	<input type="checkbox"/>	Neurologic Deficit	<input type="checkbox"/>	<input type="checkbox"/>	Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Hearing/Vision Deficit	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please comment: _____

Immunization History

Tetanus:

Date of most recent Tetanus Vaccine/Booster (DTaP/Tdap/Td): _____

Varicella:

Date: _____ If not vaccinated, has patient had Varicella or Zoster? YES NO

TB Screening

(Required for all campers and must be within 12 months of camp date)

PPD Skin Test

Date: _____

RESULT: _____

If Camper has History of Past PPD (+):

Date of (+) result: _____

Result of screening CXR: _____

Dates of treatment: _____

Please endorse that camper is currently asymptomatic and poses no infectious TB risk. Initial:

Blood Test

HIV+ campers only, please provide most recent results

Date: _____

Hgb/Hct: _____

Platelets: _____

ANC: _____

CD4/%: _____

Viral Load: _____

Physician Verification

The elevation of the campsite is 6,600 feet. Typical camp activities include ropes course, hiking, archery, horseback riding, rock climbing, boating, yoga, sports, small animal handling, zip-line, etc.

Is patient restricted from any activities? YES NO

Does patient have elevation restrictions? YES NO

If yes, please list restrictions:

I have been informed of the camp activities and have examined _____, who is physically able to engage in all activities, except as noted above. I hereby verify that all information provided on this form is true and correct.

Physician Name (please print): _____

Physician Signature:

Date: _____

Hospital Affiliation: _____

Address: _____

Office Phone: _____

On Call/Off Hours: _____

ATTENTION:

*Please be sure that the TB test date is written on this page. Don't forget to **date** and **sign** this page. Thank you!

Please return this page to
The Laurel Foundation

75 South Grand Avenue, Pasadena, CA 91105
Phone: (626) 683-0800 Fax: (626) 683-0890

There are two:

Psycho-Social Assessment

(to be completed by a mental health professional)

Who can complete this page?	A) The applicant's mental health professional such as their social worker, psychologist, psychiatrist B) The medical professional that prescribed the medication or diagnosed the behavioral, mental or emotional condition
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Name of Camper/Patient: _____
How was the camper referred to you? <input type="checkbox"/> Family <input type="checkbox"/> Court Mandate <input type="checkbox"/> School <input type="checkbox"/> Other: _____
When did the treatment begin? _____ Date of most recent visit: _____
Number of visits in the past 6 months _____ How often is the camper currently seen? _____
Behavioral manifestations that may appear at our camp program: _____ _____ _____ _____
Behavioral, Emotional, or Mental Health Diagnosis/Reason for Treatment: _____
Date of Diagnosis (if formal DSM diagnosis): _____ Essential Meds for Diagnosis: _____
Criteria met that led to that diagnosis: _____
Please recommend ways to manage camper's behavioral situations: _____ _____
To your knowledge, is there or has there ever been a concern about any of the following? (Check all that apply)
<input type="checkbox"/> Passive or active suicidal ideation or plans <input type="checkbox"/> Self-harm <input type="checkbox"/> Impulse control <input type="checkbox"/> Aggression
If any of these items are checked, please explain: _____ _____
Can this child function at camp with only basic care from the on-site mental health provider? <input type="checkbox"/> YES <input type="checkbox"/> NO
Any other comments/limitations/restrictions: _____

VERIFICATION BY MENTAL HEALTH PROFESSIONAL:

I understand that the above listed individual is seeking to participate in The Laurel Foundation's overnight camp program for kids who are infected and/or affected by HIV/AIDS. The camp program provides a Medical Team consisting of physician(s), and/or nurses and a mental health professional on-site and/or an on call 24-hours a day to provide basic care during camp.

Based on this understanding and my work with this individual, I believe The Laurel Foundation should **ACCEPT** or **DECLINE** this application.

Provider Name: _____	Title: _____
Signature: _____	Date: _____
Agency/Hospital Affiliation: _____	Phone: _____

Please return to:
The Laurel Foundation
 75 South Grand Avenue, Pasadena, CA 91105
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Photo/Video & Media/Press/Art Release

Participation in The Laurel Foundation's program(s) (including camps, day events, etc.) implies consent for the participant to be photographed, videotaped and otherwise depicted for general use. General use means that these mediums may be distributed only to participants and volunteers who have signed The Laurel Foundation's Confidentiality Agreement and HIPPA Agreement; dispersal of these mediums to the public (e.g., website, social media, etc.) is strictly prohibited unless released by The Laurel Foundation under the consent of the releases below. Please read the releases carefully and sign the ones with which you are comfortable participating and sign and date at the bottom.

CAMP GROUP PHOTO

(Sign here for Camp Group Photo)

I may appear in the **CAMP GROUP PHOTOS**. These photos are only shared with campers, staff, potential donors and is used for fundraising purposes. **(THIS IS NOT A MEDIA RELEASE)**

MEDIA/PRESS RELEASE

(Sign here for Media/Press)

Photo/Video Release for the Media/Press

I may be filmed and/or photographed while participating in The Laurel Foundation's programs (including camps, day events, etc.) by the press/media (e.g. newspapers, television news crews, web, etc.) for The Laurel Foundation's website, newsletters, yearbook or other internet purposes. I understand that there may be members of the press/ media present to document the program experience for possible broadcast or release. General field shots are often taken of campers interacting, walking, etc., where my face may appear alone or in a group.

(Sign here for Interview Release)

Interview Release

I may be interviewed by members of the press/media.

(Sign here for First Name)

First Name Release

My **FIRST** name may be used/mentioned in the press/media.

(Sign here for Full Name)

Full Name Release

My **FULL (first & last)** name may be used/mentioned in the press/media.

(Sign here for Art Release)

Art Release

I may create art projects (including drawings, paintings, poems, or other artistic mediums) while participating in The Laurel Foundation's programs. For good and valuable consideration which is hereby acknowledged, I irrevocably grant Camp Laurel Foundation, Inc. and its not-for-profit parent company and assign the following unconditional and perpetual worldwide, royalty free, paid-up, irrevocable and unencumbered rights to sell and/or exhibit (and authorize others to use, distribute and exhibit) all or part of the art project(s) in any and all forms of media now known or hereafter discovered, in perpetuity, throughout the world, without further compensation, review or approval, without limitation, in connection with Camp Laurel Foundation, Inc.. Any changes in the permissions granted must be made in writing. I agree that any exploitation of the art project(s) or any rights therein will not necessarily entitle me to receive any additional payment or other consideration. I hereby waive unconditionally and irrevocably any so-called "moral rights."

PLEASE SIGN AND DATE BELOW

I have carefully read this release. I fully understand its contents and how images/video recordings/press/art may be used or not used during and/or after The Laurel Foundation's programs (including camps, day events, etc.).

I understand that The Laurel Foundation prohibits participants from posting photographs or other personally identifiable information of me without the authorization or permission of The Laurel Foundation onto the internet via social networks (i.e., facebook, Instagram etc.). I also understand that there are other participants in the program who are not under the control of The Laurel Foundation and may do so illicitly. I hereby release, discharge and agree to save harmless The Laurel Foundation, its legal representatives or assigns, and all persons acting under The Laurel Foundation's permission or authority, from any liability due to any other participants' failure to adhere to the policies addressed herein. _____(Initial). Further, I agree not to post any photographs or personally identifiable information without the subject's advance written permission or permission from The Laurel Foundation _____(Initial). Furthermore, I understand that it is my sole responsibility to communicate and explain The Laurel Foundation's Privacy Practices to my child before attending camp _____(Initial).

This release is good for all images/video recordings/press/art taken during The Laurel Foundation's programs (including camps, day events, etc.) and shall remain in effect indefinitely. I understand that if I should wish to change images/video recordings/press/art release for future programs I must submit written notification.

The undersigned understands and agrees that the photographs, recordings, art, film and/or videotapes and reproductions, and all rights therein shall be the sole and absolute property of The Laurel Foundation.

Parent/Legal Guardian Name (please print):

Parent/Legal Guardian Signature:

Date:

Child's Name (please print):

Please return to:

The Laurel Foundation

75 South Grand Avenue, Pasadena, CA 91105

Phone: (626) 683-0800 Fax: (626) 683-0890

There are ten:





Health Insurance Portability and Accountability Act (HIPAA) & Notice of Privacy Practices

Notice of Privacy Practices

To our parents/legal guardians. This notice describes how health information about you (as a camper of this organization) may be used and disclosed, and how you can get access to this health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy:

Camp Laurel Foundation, Inc. is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of this health information. We realize these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances:

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. To federal officials for intelligence and national security activities authorized by law.
6. If you are under the custody of a law enforcement official.
7. For Workers Compensation and similar programs.

Your rights regarding your health information:

1. Communications. You can request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. Such request must be received in writing in the Camp Laurel Foundation, Inc. office; 75 South Grand Avenue; Pasadena, CA 91105; at least 72 hours prior to the start of camp. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Camp Laurel Foundation, Inc.; 75 South Grand Avenue; Pasadena, CA 91105.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to Camp Laurel Foundation, Inc.; 75 South Grand Avenue; Pasadena, CA 91105. You must provide us with a reason that supports your request for amendment.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact Camp Laurel Foundation, Inc.; 75 South Grand Avenue; Pasadena, CA 91105. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.
8. I understand that there are other participants/campers in the program who are not under the control of Camp Laurel Foundation, Inc.. These other participants might post photographs or other personally identifiable information of me without the authorization from or permission of Camp Laurel Foundation, Inc. onto the internet via social networks (i.e., facebook, myspace, etc.) While I understand Camp Laurel Foundation, Inc. strongly discourages the postings of such photographs or such other personally identifiable information onto the internet, I hereby release on my own behalf to Camp Laurel Foundation, Inc. and its parent company's, employees, directors, vendors, volunteers, and/or any other representatives from any liability with respect to the re-release of any such information _____ (Initial). Further, I hereby understand that it is incumbent upon me not to post any photographs or personally identifiable information without the subject's advance written permission _____ (Initial).
9. Furthermore, I understand that is my sole responsibility to communicate and explain Camp Laurel Foundation Inc.'s Privacy Practices to my child before attending camp _____ (Initial).
10. If you have any questions regarding this notice, please contact Camp Laurel Foundation, Inc. at (626) 683-0800.

By signing below, I hereby acknowledge that I have been presented with a copy of Camp Laurel Foundation, Inc.'s Notice of Privacy Practices and that I will adhere to them.

Parent/Legal Guardian Name (please print):

Parent/Legal Guardian Signature:

Date:

Child's Name (please print):

The Laurel Foundation

75 South Grand Avenue, Pasadena, CA 91105

Phone: (626) 683-0800 Fax: (626) 683-0890

There are four: