



# MEDICAL PRIVACY POLICY AND DISCLAIMER (HIPAA FORM 2024)

Staff \_\_\_\_\_ Birthdate \_\_\_\_\_  
LAST NAME FIRST NAME

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the privacy of a patients' health information. Although Camp Neveda is not a health care provider, we are telling you some of your rights under HIPAA. Personal health information (PHI) includes information about: (1) an individual's physical or mental condition; (2) the provision of health care to an individual; and (3) the payment for health care.

Camp Neveda makes an intense effort to maintain the confidentiality of any PHI that we think or you tell us is sensitive. The files are kept locked and are only available to medical personnel, the camp director, the executive director and his/her designees. Since, the medical care at Camp Neveda is administered by a team, anyone on that team, including nurses, doctors, residents and a health center administrative person, may require access to an individual's record. In addition, if care is required in an Emergency Room or other health care facility, personnel at such facilities may need and will be given access to an individual's medical records.

However, Camp Neveda cannot guarantee the confidentiality of the PHI of campers or staff. This includes glucose readings, insulin doses, and medications taken by an individual other than insulin. Since glucose measurement, insulin administration and medication administration are performed in a group setting, anyone in the group might view another person's health information or recognize the medicine that another person is taking,

A patient's personal health information may not be used for purposes unrelated to health care, nor can such information be shared with or marketed to an outside business such as a life insurer or marketing firm without a patient's written authorization. An authorization allows the use and disclosure of protected health information for purposes other than treatment, payment and health care operations. Other than the information that might be discernable to others in a group setting, Camp Neveda maintains the strict confidentiality of all other medical information.

## Release and Consent

I have read the above and understand the limits to which my or my child's personal medical information will be protected by Camp Neveda. I agree that these limits are reasonable and that the medical information cannot be kept as confidential as it might be in a medical facility. I understand that Camp Neveda is not offering any method to enhance confidentiality beyond what is stated above. If the limits are unacceptable, I will withdraw my child from participation in Camp Neveda.

\_\_\_\_\_  
Printed Name of Staff Member  
(or parent/guardian if staff is under 18)

\_\_\_\_\_  
Relationship to Staff (for staff under 18)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date