

HIPA ACT RELEASE
DAY CAMP @ CAMP CAROLWOOD 2011

*This must be signed for attendance.

HIPA ACT
HEALTH INSURANCE PORTABILITY and
ACCOUNTABILITY ACT of 1996

It is my intention that the camp and its adult volunteers be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as “personal representatives” for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person’s ability to participate in camp activities, and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child’s health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named below. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer

Camper’s Printed Name

Date
