KU MIDWESTERN MUSIC CAMP
Parent Handbook
Jazz Workshop
June 10-15, 2016

SUNDAY, JULY 10 (REGISTRATION/CHECK-IN DAY)

Please bring this guide with you for registration on Sunday and take it home with you for your reference. PLEASE BRING THE FOLLOWING SIGNED ITEMS WITH YOU TO REGISTRATION

- PHOTO, VIDEO, AUDIO, AND INFORMATION RELEASE page 8
- RELEASE FROM LIABILITY AGREEMENT page 9
- YOUTH PROGRAM/CAMP GUIDELINES AND EXPECTATIONS pages 10-11
- CAMP HEALTH FORMS (3 pages, separate attachment) pages 12-14
- ***COPY OF YOUR HEALTH INSURANCE CARD (front & back)***

Schedule for Sunday, July 10

10:00-12:00 All campers (including commuters) check in at Ellsworth Hall (1734 Engel Road)
If you will be late, please make Registration/Check in at Ellsworth Hall arrangements in advance with the camp. Please leave all belongings in your vehicle until after you have checked in.

12:00-1:00 Lunch on your own

1:00-1:45 Opening meeting/Faculty Recital in 130 Murphy Hall (1530 Naismith Drive)
We will introduce our faculty and staff Naismith Drive) and get students and parents oriented. Resident camper parents are free to leave after the opening meeting. Commuter parents, please stay until your student has completed auditions, and then bring them back at 6:45 PM for rehearsal. Commuter students will be done for the day at 8:45 p.m. on Sunday.

1:45-3:30 Auditions and Music Theory Placement Exam
These are one-at-a-time auditions to determine placement in the combos and large ensembles; see details later in this packet. See page 5 for audition information.

3:30 Resident Campers meet in 130 Murphy Hall; Commuter Campers are free until 6:45 p.m. when they will report to the first large ensemble rehearsals

5:00 Dinner at Mrs. E's (1530 Engel Road)

7:00 Resident Camper Meeting in Ellsworth Hall
MONDAY, JULY 11 - THURSDAY, JULY 14
Classes/rehearsals/meetings run from 9:00 a.m. to 5:00 p.m. daily.

Coomuters:
Drop Off no later than 8:45 a.m. at the Murphy Hall Loading Dock
Pick Up at 5:00 p.m at the Murphy Hall Loading Dock
*We strongly encourage commuter students to stay for evening activities. Pick-up will be at 9:30 PM at the Murphy Hall Loading Dock.

Commuter students may bring their lunch or purchase lunch at Mrs. E’s for $10.50. Commuter students are welcome and encouraged to stay for evening activities! This arrangement can be made on a daily basis with the camp office. Dinner may also be purchased for $11.25 at Mrs. E’s.

EVENING FACULTY COMBO/BIG BAND CONCERTS
Monday the 11th, Tuesday the 12th, Wednesday the 13th
7:00pm, Room 130 of Murphy Hall
*These concerts are free and open to the public

THURSDAY EVENING, JULY 14 (STUDENT COMBO CONCERT - ALL STUDENTS)
COMMUTER STUDENTS SHOULD BE PICKED UP AT 4:00

Student Combo Concert: 6:30 p.m.
***Commuter students are required to attend
PARKING: Parents may park in any of the lots adjacent to Murphy Hall beginning at 5 p.m.
Do not park in metered or handicap spots or you will be ticketed.

FRIDAY, JULY 15 (BIG BAND CONCERT DAY)

Coomuters: Drop Off at 8:45 a.m. at MURPHY HALL
9:00-11:45 Classes and Rehearsals at Murphy Hall
12:00-1:15 Lunch (Parents may collect their residential camper belongings during check-out before the concert at Ellsworth Hall)
1:30 Student Big Band Concert (130 Murphy Hall)

PARKING: Parents is available in the Allen Fieldhouse Parking Garage for $1.50 an hour. Do not park in campus lots, metered, or handicap spots or you will be ticketed.
Contacting Your Camper
For campers who do not have a cell phone, the Ellsworth Hall front desk number is (785) 864-4190 if you need to leave a message. Campers will not regularly be in their rooms, at the desk, or in the Camp Office, so plan for your child to call you. Phone use is restricted after 10:00 PM for Midwestern Music Camp students. Students are permitted to have cell phones, however there are certain times when cell phones must be off: during classes, rehearsals, concerts, activities, etc.

Parking
Parking on the KU campus is by permit only and all parking rules are strictly enforced, Monday through Friday, 8AM – 5PM. Handicap, metered parking, and no parking zones are strictly enforced 24 hours a day, 7 days a week. You are permitted to park in campus lots during Sunday’s activities and in the evenings after 5PM during the week (which includes Thursday evening’s concert). During the Friday afternoon concert, parking is available in the Allen Fieldhouse Parking garage for $1.50 an hour. If you do receive a parking ticket, it is your responsibility to pay the fine. The Midwestern Music Camp cannot be held responsible for parking tickets incurred.

Audition Results
Audition results will be posted at Murphy Hall and in Ellsworth Hall before the first rehearsal.

T-Shirts and Recordings
All campers will receive a camp shirt at registration. DVD recordings will be available for pre-order at the final concert.

Refunds
There are no refunds for campers who leave early for homesickness, health, or other reasons.

Meals
All meals for campers are served at Mrs. E’s. Commuter students and guests may eat in the cafeteria, or may bring a sack lunch. Individual meal rates for commuters and guests are as follows: $9.00, $10.50, $11.25 (breakfast, lunch, and dinner). Meal plans begin with dinner on Sunday and end with lunch on the last day.

Health Care
Health forms are located on the last three pages of this document. Please fill them out in advance and bring them with you to camp registration. These forms are required for camp attendance. Campers needing non-emergency medical attention are taken to Watkins Health Center. Please report health problems, chronic ailments, and continuing medications to your Resident Assistant/Counselor when you check in. Watkins Health Center is on campus and open from 8:00 a.m. to 4:30 p.m. Students requiring emergency medical attention will be taken to Lawrence Memorial Hospital. All charges for medical services are the responsibility of the camper and their parent/guardian.

Private Lessons
A limited number of private lessons are available. Students may sign up for up to two lessons for the week. Private lessons are $30 per half hour; checks should be made payable to the individual instructor. Sign up for private lessons takes place after the opening meeting on Sunday.
Lockers
Lockers will be provided for students who require them at Murphy Hall. They will be assigned based on instrumentation. Details will be provided at the opening meeting.

What To Pack
Clothing: Bring neat, casual, hot-weather attire with comfortable shoes for daily activities. T-shirts must reflect good taste and shorts are acceptable as long as they provide adequate coverage. For strapped shirts, follow the ‘two-finger rule’: straps should be at least as wide as the index and middle fingers combined. Shirts must not show an inappropriate amount of skin. Open back shirts (i.e. halter tops) are not permitted. No undergarments should be visible for either boys or girls. A sweater, jacket, or sweatshirt is also recommended in case it gets chilly. Also, don’t forget concert attire (see above for details). Please note: there is a great deal of walking up and down hill every day. Be sure to bring comfortable shoes made for walking (i.e. sneakers) not just flip-flops or sandals. Your feet will thank you!

Linens: The residence hall does not provide linens. You must bring your own bedding, sheets, pillow, towels, and washcloths. Mattresses in Ellsworth Hall are extra-long twin. If you don't have an extra-long twin sheet set, two regular (flat) twin sheets may be used, however a fitted sheet from a normal twin sheet set will not fit. Please note: mattress pads are not provided.

Toiletries: Make sure to bring your own soap, shampoo, toiletries, sunscreen, and shower shoes.

Laundry: Laundry facilities and ironing boards are available for approximately $1.00 per load. Bring low-sudsing laundry detergent, quarters, an iron, and a laundry bag if you plan to do laundry while at camp.

Instruments and Music
Please don’t forget to bring your instrument and a folding music stand. Bring sufficient reeds, cork grease, valve oil, mutes, etc. All students must bring pencils and manuscript paper for the week. **Drummers** must bring their own drum sets, cymbals, sticks, brushes and mallets. **Guitar/Bass Players** must bring your own amps and patch cords. Smaller amps are encouraged as you may be required to move between different rooms for rehearsal. There will be secure, locked rooms to store your equipment. Please remember to bring your audition music. If you have a “real book” please bring those for our student jam sessions. Also, if you are planning on signing up for private lessons, you should bring music that you would like to work on. **Make sure all equipment is labeled with your name on it!**

Other Items: Here are a few other items that might be helpful to bring: an umbrella, hangers, alarm clock, reusable water bottle, healthy snacks, camera, playing cards, games, etc. Please note: the KU School of Music and the Midwestern Music Camp are not responsible for any lost or broken items. Students may also want to bring a small amount of cash for vending machines or laundry facilities.
Jazz Workshop Audition Music

All Jazz Workshop auditions will consist of:

• A short excerpt or selection of any style of the student’s choice (jazz standard, classical etude, popular song, etc.)
• Scales
• Sight reading as selected by faculty
• A short improvised solo with a play-along CD (most likely 12-bar blues in B-flat or F; more advanced students will be asked to play an additional selection) as provided by the faculty

Additional audition material for Rhythm Section Instruments:

Demonstrate certain grooves as requested by faculty (i.e. drummers might be asked to play a “swing” groove, bass players may be asked to play a walking bass line over a chord progression, etc.)
Location Map

NOTE: Construction is possible around the residence halls, (Engel and Irving Hill Roads) please allow extra time.
Map of 1st Floor - Murphy Hall (School of Music)

Please note: This map is of the First Floor of Murphy Hall only. Please try to utilize the two entrances marked on the map so that you do not get lost in the building. There will be signage inside the building to direct you.

Do not park in the loading dock area, metered spaces, or handicap spaces or your vehicle will get a ticket.
KU MIDWESTERN MUSIC CAMP
PHOTO, VIDEO, AUDIO, AND INFORMATION RELEASE

***Please print, sign, and turn in at registration***

Name of Camper: ____________________________

Instrument or Voice: ____________________________

Camp (check one):

☐ Middle School Band/Orchestra Camp
☐ High School Band/Choir/Orchestra Camp
☐ High School Jazz Workshop

I, the undersigned, hereby consent to allow my child/ward to be photographed and/or voice to be recorded as part of the MIDWESTERN MUSIC CAMP. I hereby grant to the University of Kansas the rights to use my child’s/ward’s image, voice, name and/or likeness in any medium whatsoever for the purpose of promoting the University of Kansas or any of its units, without any payment to me. I hereby expressly waive any rights of action I may have and release the Kansas Board of Regents, the University of Kansas, and all of their respective employees, agents, officers and contractors from liability arising out of or in connection with the use of such image, voice, name and/or likeness, including, but not limited to any claims for any violation of any personal or proprietary right. The University, its successors and assigns shall own all rights, title and interest, including without limitation the copyright, to any such photograph, video-recording and/or audio-recording.

☐ YES, I grant consent
☐ NO, I do not grant consent

__________________________________________  ____________________________
Signature of Parent / Guardian                   Date

__________________________________________
Printed Name of Parent / Guardian
KU MIDWESTERN MUSIC CAMP
RELEASE FROM LIABILITY AGREEMENT

***Please print, sign, and turn in at registration***

Name of Camper: _____________________________________________________________

Instrument or Voice: _________________________________________________________

Camp (check one):
☐ Middle School Band/Orchestra Camp
☐ High School Band/Choir/Orchestra Camp
☐ High School Jazz Workshop

As the parent or guardian, I have the authority to make legal decisions for the benefit of my child. In consideration of my child’s/ward’s participation in the MIDWESTERN MUSIC CAMP activities on the University of Kansas campus, I hereby release, forever discharge, and hold harmless the Kansas Board of Regents, the University of Kansas, and all of their respective employees, agents, officers and contractors from liability for any and all losses, damages, injuries, claims, demands, lawsuits, expenses and any other liability of any kinds, to me, my child/ward, or any other person, arising out of or in connection with my child’s ward’s participation in, attendance at, and/or travel to and from the MIDWESTERN MUSIC CAMP.

I understand that the terms of this Release are subject to and shall be governed by and construed in accordance with the laws of the State of Kansas.

This Release shall bind the signor, his/her heirs, next of kin, executors, administrators, successors, or assigns and shall inure to the benefit of the parties released, their heirs, next of kin, executors, administrators, successors or assigns.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT that I have read the foregoing Release, understand all of its provisions, and sign it voluntarily. I warrant that no oral representations, statements, or inducements relating to this Release have been made. I acknowledge that I have had the opportunity to review this document and to seek legal advice if I have any questions.

__________________________________________  __________________________
Signature of Parent / Guardian                      Date

____________________________________________
Printed Name of Parent / Guardian
KU MIDWESTERN MUSIC CAMP
YOUTH PROGRAM/CAMP GUIDELINES AND EXPECTATIONS

***Please print, sign, and turn in at registration***

Name of Camper: ________________________________________________

Instrument or Voice: ____________________________________________

Camp (check one):

☐ Middle School Band/Orchestra Camp
☐ High School Band/Choir/Orchestra Camp
☐ High School Jazz Workshop

• Program participants must attend all workshops, classes, and planned social or recreational activities. Full participation is the only way a participant can gain real value from the program/camp.
• Participants must abide by rules and guidelines set by the program instructors for each facility in use.
• Program participants (under the age of 18) are to remain on campus for the duration of the program unless program activities require otherwise. If a participant needs to leave campus for some reason, the Program Director must receive prior written permission from the parent or guardian, and grant specific information.
• Program participants must abide by all parking rules and regulations. KU is not responsible for damage to vehicles or for any parking tickets, fines, or towing charges that result from violations.
• The University of Kansas prohibits the use of alcohol and other illegal substances. Program participants may not possess, use, distribute, or sell alcoholic beverages, drugs, firearms, weapons or fireworks.
• In accordance with state law, smoking is prohibited by anyone under the age of 18. Smoking is not permitted in any buildings on the University of Kansas campus.
• Program participants will refrain from using electronic devises (mobile phones, tablets, computers, etc.) during instructional periods unless authorized by program staff.
• Program participants should not abuse Internet privileges. Attempting to access unauthorized sites is strictly prohibited.

(over)
• Program participants found tampering with any fire equipment (fire alarms, smoke detectors, fire extinguishers, etc.) will be dismissed from the program immediately. Participants may not interfere with any security system or tamper with locks in buildings, other participant rooms and other areas.

• Vandalism and pranks will not be permitted. Any damages caused to university property (classrooms, labs, housing, common areas, etc.) will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages university property.

(Specific to residential / campus housing programs)

• Program participants will abide by nightly curfew and “lights out” announcements from the Program Director and/or Program Staff. Participants must be in their OWN room at lights out and remain there until morning. Any use of cell phones or other electronic devises is prohibited after "lights out”.

• All furniture must remain unchanged and kept in place.

• Coed visitation in KU Housing is permitted in common areas only. The only people permitted in rooms are program staff, members of the participant’s immediate family, the participant’s roommate/s and other program participants of the same gender.

• Program participants should keep their rooms locked at all times even if leaving for only a few minutes. The University of Kansas, nor program staff is responsible for lost or stolen items. Leave excess money and valuables at home. Valuables, including jewelry, iPods, cell phones, etc. may be brought, but only at participant’s own risk.

________________________________________
Signature of Parent / Guardian

________________________________________
Printed Name of Parent / Guardian

________________________________________
Signature of Camper
YOUTH PROGRAM PARTICIPANT’S HEALTH FORM
This completed form must accompany the individual on first visit to Watkins Health Services (WHS).
It is essential that Treatment Agreement is signed by a parent or guardian.

Name of Program / Camp: ________________________________________________________________

Name & Contact Information for Program’s Director: _________________________________________

Youth’s Name ___________________________ Birth Date ___________ Sex ______________________

Last  First  Middle

Parent Name ___________________________ Best Phone # to call _____________________________

Address ____________________________________________________________

Street  City, State  Zip

Emergency Contact, if other than above: Name ___________________________ Best Phone # to call _____________

Relationship to Youth ________________________________________________________________

Name of Family Physician ___________________________ Phone # _____________________________

1. Does the youth have any significant illness or disability? ☐ YES ☐ NO If yes, please explain _____________________________

2. Please check if the youth has or has had any of the following health conditions:
   ☐ asthma  ☐ mental health  ☐ dizziness/fainting  ☐ diabetes  ☐ epilepsy  ☐ kidney problems
   ☐ tuberculosis  ☐ cardiac  ☐ headaches  ☐ other _____________________________

3. Has the youth had any other significant illnesses, injuries, or surgeries? ☐ YES ☐ NO If yes, please explain _____________________________

4. Medications and their dosages taken by the youth

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Reason Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Immunization History – Please provide dates for the following OR provide a copy of an Official Immunization Record

   Last Tetanus (Tdap) booster: ___________________________ (should be updated no longer than every 10 years)

   DPT 1st  2nd  3rd  4th  5th ___________________________

   MMR 1st  2nd ___________________________

   Polio 1st  2nd ___________________________

   Meningococcal conjugate vaccine (MCV) ___________________________

   Hepatitis A 1st  2nd ___________________________

   Hepatitis B 1st  2nd  3rd ___________________________

   Chicken Pox (Varicella) 1st  2nd ___________________________

   TB skin test – Date of Negative Result ___________________________ OR Positive Result ___________________________

6. Is the youth allergic to any medications? ☐ YES ☐ NO If yes, please list _____________________________

7. Does the youth have any other allergies? ☐ YES ☐ NO If yes, please list _____________________________

8. Do any allergies require an EPI Pen injection? ☐ YES ☐ NO If yes, please list _____________________________

If necessary, please attach additional health information.
I acknowledge that I am the parent or guardian of the youth participating in a KU program/camp and that I am authorized to sign this document on behalf of the youth. I understand that if my camper requires healthcare services at WHS, I will be notified as soon as possible as to the type of care necessary in keeping with the laws of Kansas. I understand that WHS is not an Emergency Room but that they will stabilize and transfer all urgent and emergent conditions. I also acknowledge that if urgent/emergent care is needed, it may not be possible to notify me in advance of such care but that I will subsequently be contacted as soon as possible.

CONSENT TO TREATMENT
1. I hereby consent to such health care as may be deemed necessary by the WHS providers including x-ray examination, lab tests, administration of medications, and any other diagnostic or therapeutic treatments.
2. I understand if an initial lab test indicates there is a need for additional testing, I will be contacted and encouraged to follow-up with our primary care provider. The WHS provider will explain when these tests may be needed.

GENERAL CONDITIONS FOR TREATMENT BY WHS
3. I understand that WHS is not responsible for loss or damage to clothing, jewelry or other valuables in my camper’s possession.
4. I acknowledge that the use of any video capturing devices (cameras, cell phones, etc.) by other than authorized personnel for official business is prohibited.
5. I will be respectful of all the healthcare providers and staff in WHS, as well as other patients.
6. I understand that upon my request, WHS will send a copy of the medical record to our primary care provider.

INSURANCE ASSIGNMENT
7. I hereby assign all benefits payable under the terms of my insurance policy/healthcare coverage to WHS, and I authorize payment directly to WHS for any claim filed on behalf of the person for whom I am duly authorized to sign for insurance benefits.
8. I hereby authorize WHS to disclose to my health insurance carrier information from this youth’s medical record as needed in presenting claims for benefits.

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY
9. I understand that WHS does not contract with all insurance companies and it is my responsibility to know if my insurance plan provides coverage for WHS services or requires a referral or pre-approval for such services.
10. Further, I understand that WHS is not a contracting provider for and cannot bill Medicare or any Medicaid program. If I have these types of government healthcare benefits, I am responsible for paying all WHS charges and it is my responsibility to seek reimbursement from these programs.

This is the healthcare coverage for my youth program participant:

Insurance Company ____________________________

Claim Form Address ____________________________

Member I.D. # __________________ Group # __________________ Name of Policyholder __________________

Policyholder Date of Birth __________ Address of Policyholder ____________________________

11. I understand that I am financially responsible to WHS for any charges, co-pays and deductibles not covered by my insurance company. And, I understand that if I do not pay my bill within three billing cycles of the date of service, the overdue account will be sent to a collection agency. And if I have no insurance coverage, I acknowledge that I will be financially responsible for unpaid charges.
12. If I do not want my insurance company/health plan billed or a statement sent for charges, it is my obligation to immediately advise the WHS Business Office. I understand that I may address any questions concerning my charges, coverage, billing or payments, to the WHS Business Office at: 785.864.9520

PLEASE ATTACH A COPY (both front and back) OF THE HEALTH INSURANCE CARD FOR THIS PARTICIPANT!

Print Name of Youth Program Participant ____________________________ Date: __________________________

Signature (Parent, Guardian or Representative) ____________________________ Relationship to Participant ____________________________

Print Name of Parent, Guardian or Representative ____________________________
In our Notice of Privacy Practices (NPP) we provide you information about how Watkins Health Services (WHS) can use or disclose your youth program participant’s medical information. As described in our NPP, we request your consent for any use or disclosure of medical information to carry out treatment, payment, or health care operations. You have a right to review our NPP before signing this Consent. We have included a copy with this packet.

By signing this Consent form, you: (1) Acknowledge that a copy of the NPP has been provided or offered to you; and (2) Consent to our use and disclosure of your participant’s health information for treatment, payment, or health care operations, as described in the NPP.

You have the right to revoke this Consent in writing at any time, except where we have already used or disclosed any health information in reliance upon this Consent.

_______________________________                                      Date: ________________________
Print Name of Youth Program Participant                                  

_______________________________                                       __________________________
Signature (Parent, Guardian or Representative)                           Relationship to Participant

_______________________________
Print Name of Parent, Guardian or Representative

WATKINS HEALTH SERVICES
THE UNIVERSITY OF KANSAS
**Notice of Privacy Practices**

**Your Rights**
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record.** You can ask to see or get a copy of your medical record and other health information we have about you. Check with us to see if we have electronic or paper versions available. We will provide a copy or a summary of your health information within 10 days of your request. We may charge a reasonable, cost-based fee.

- **Ask us to amend your medical record** — You can ask us to amend health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

- **Request confidential communications** — You can ask us to contact you in a specific way (for example, home or office phone), or to send mail to a different address. We will say “yes” to all reasonable requests.

- **Ask us to limit what we use or share** — You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

- **Get a list of those with whom we’ve shared your information** — You can ask for a list (an accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as for public health purposes). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Get a copy of this privacy notice** — You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

- **Choose someone to act for you** — If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

- **File a complaint if you feel your rights are violated** — You can complain if you feel we have violated your rights by contacting the Privacy Officer for this Clinic, or the KU HIPAA Privacy Official at 785-864-9525. You can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

**Your Choices**
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will work to follow your instructions.

- **In these cases, you have both the right and choice to tell us to:** Share information with your family, close friends, or others involved in your care, and share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- **In these cases we never share your information unless you give us written permission** — Marketing purposes, and sale of your information.

**Our Uses and Disclosures**
How do we typically use or share your health information? We typically use or share your health information in the following ways:

- **Treat you:** We can use your health information and share it with other professionals who are treating you. Example: Watkins and CAPS may exchange your information as necessary solely to provide you treatment in either unit.

- **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to improve our services or for health education training.

- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

- **How else can we use or share your health information?**
  We may contact you regarding your appointments or prescriptions or to tell you about other health-related services we offer or benefits to which you are entitled. We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

(continued on page 2)
**Our Uses and Disclosures (continued)**

**How else can we use or share your health information?**

**Help with public health and safety issues** — We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

**Do research** — We will ONLY use or share your information for health research purposes when you have authorized it and when that research is approved under a strict new process and is compliant with federal regulations for human research.

**Comply with the law** — We will share information about you if local, state, or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Address workers’ compensation, law enforcement, and other government requests** — We can use or share health information about you: 1.) For workers’ compensation claims, 2.) For law enforcement purposes or with a law enforcement official, 3.) With health oversight agencies for activities authorized by law, 4.) For special government functions such as military, national security, and presidential protective services.

**Respond to lawsuits and legal actions** — We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities**

Each time you visit a University health clinic for services, a record is generated. This record contains medical information about you. This section explains a bit more of our responsibilities:

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it. You are always welcome to download the current electronic version from our website
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

This Notice Of Privacy Practices Applies To The Following Organizations:

---

**This notice also applies to our employees, volunteers, student trainees, student employees, and any health care professional authorized to enter information into your medical record.**

Effective Date: 10/2014