SUNDAY, JUNE 18 (REGISTRATION/CHECK-IN DAY)

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)
- ***COPY OF YOUR HEALTH INSURANCE CARD (front & back)***

10:00-12:00 All campers (including commuters) check in at Ellsworth Hall, 1734 Engel Road

If you will be late, please arrange your check in with camp staff in advance. 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 meetings in Murphy Hall, 1530 Naismith Drive

- Band, 130 Murphy Hall
- Choir & Orchestra, Swarthout Recital Hall - 3rd floor, Murphy Hall

Faculty & staff introductions and a brief orientation.

Resident camper parents are free to leave after the opening meeting.

Parents may sign their students up and pay for private lessons immediately following the meeting.

1:45-3:30 Auditions: Completed individually to determine placement in the chamber and large ensembles. 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) for resident campers

7:00 Large Ensemble Rehearsals - This is the first large ensemble rehearsal. Chair placements posted by 6:30 p.m. in Murphy Hall and the dorm. Please report to rehearsal by 6:45 p.m. to find chair placement.

8:30 All-Camp Meeting (for both commuter and resident campers) in 130 Murphy Hall

8:45 Pick up time for commuter students (Murphy Hall Loading Dock); resident campers will continue their meeting and return to the dorms with the counselors.
MONDAY, JUNE 19 - THURSDAY, JUNE 22
Classes/rehearsals/meetings run from 8:30 a.m. to 5:00 p.m. daily.

Commuters:
8:15 a.m.   Drop off at the Murphy Hall Loading Dock
5:00 p.m.   Pick up at the Murphy Hall Loading Dock

Commuter students may bring a lunch or purchase one at Mrs. E’s for $10.50.

Commuter students are welcome and encouraged to stay for evening activities! Speak with the camp office to purchase dinner at Mrs. E’s for $11.25.

Commuter students who will drive themselves to camp may only park in designated lots adjacent to university housing.

SPECIAL EVENING EVENTS
Faculty Recital: 7:00 p.m., Tuesday, June 20
Swarthout Recital Hall (3rd floor Murphy Hall)
Commuter students strongly encouraged to attend

Student Chamber Recital:
7:00 p.m., Thursday, June 22
Strings & Choir: Swarthout Recital Hall (3rd floor Murphy Hall)
Band: 130 Murphy Hall
***Commuter students required to attend

FRIDAY, JUNE 23 - CONCERT DAY, LIED CENTER OF KANSAS (1600 STEWART DRIVE)
Commuters:
7:45 a.m.    Choir, Crimson Band and Blue Band members drop off at the Lied Center
8:15 a.m.   Orchestra members drop off at MURPHY HALL

Commuters are free to leave after their dress rehearsal and return for the concert.

8:00-11:30  Dress rehearsals begin on stage at the Lied Center
11:30-1:00  Resident campers check out at Ellsworth Hall. Parents should collect their student's belongings during check out before the concert or after the concert at Ellsworth Hall. Belongings will be stored under counselor supervision until picked up.

12:15       High School Choir Concert, Pavilion, Lied Center
1:00        High School Orchestra Concert, Main Stage, Lied Center
2:00        High School Band Concert, Main Stage, Lied Center

Pick up students directly after the concert
Contacting Campers
For campers who do not have a cell phone, contact the Ellsworth Hall front desk in the evening at (785) 864-4190 to leave a message. During daytime hours, contact the camp office at (785) 864-4801. Campers are rarely in their rooms, at the front desk or in the camp office; plan for your child to call you. Phone use is restricted after 10:00 p.m. While students may have cell phones, they must be off during classes, rehearsals, concerts, activities, etc. If a phone is confiscated, work with the camp administrator to arrange its return.

Parking
Parking on the KU campus is by permit only and all parking rules are strictly enforced, Monday through Friday, 8 a.m. – 5 p.m. Handicapped, 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 on Sunday and in the evenings after 5 p.m. 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 is not responsible for parking tickets incurred.

Packages, Deliveries, and Mail
The front desk at Ellsworth Hall is unable to accept packages or items dropped off by parents. Take delivered items to the camp office in 134 Murphy Hall, make arrangements with the counseling staff. Due to the short duration of our camp, we do not recommend mailing packages or letters to the campers.

Concert Dress
Students should dress in concert clothing with suitable shoes for all final concerts. Shorts and/or sneakers are not acceptable attire for concerts.

- Boys: Black pants, black dress shoes and black socks, and a white dress shirt or polo shirt.
- Girls: Black or white dress (please remember that you will be seated on stage), or a black skirt or pants and a white blouse.

Audition Results
Posted audition results are available 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 once camp starts, regardless of reason.

Meals
All camper meals are 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 required for attendance. Please fill them out in advance and bring them with you to camp registration. Midwestern Music Camps use Watkins Health Center, on KU’s campus, is for non-emergency
medical attention and open from 8:00 a.m. to 4:30 p.m. Please report health problems, chronic ailments, and continuing medications to your Counselor when you check in. Midwestern Music Camps use Lawrence Memorial Hospital for emergency medical attention. All charges for medical services are the responsibility of the camper and their parent/guardian. You will need to provide a photocopy of your insurance card (front and back) to accompany health forms.

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
Midwestern Music Camps provides Murphy Hall lockers to students who require them and assign them based on instrumentation.

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. Midwestern Music Camps recommends a sweater, jacket, or sweatshirt in case it gets chilly. Do not forget concert attire! There is a great deal of walking up and down Daisy Hill every day. Be sure to bring comfortable shoes made for walking (i.e. sneakers) not flip-flops or sandals. Your feet will thank you!

Linens: The residence hall does not provide linens or mattress pads. You must bring your own bedding, sheets, pillow, towels, and washcloths. Mattresses in Ellsworth Hall are extra-long twin. If you do not have an extra-long twin sheet set, two regular (flat) twin sheets will work.

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

Instruments and Music: Please do not forget to bring your instrument and a folding music stand. Also, bring sufficient reeds, cork grease, valve oil, mutes, rosin, etc. Midwestern Music Camps provides percussion instruments but percussionists must bring their own sticks and mallets. Bring prepared audition music and scales (sight-reading may be tested at the audition). If you are signing up for private lessons, you should bring music that you would like to work on. Make sure to label everything with your name!

Laundry: Laundry facilities and ironing boards are available for approximately $3.00 per load. Bring HE laundry detergent, quarters, an iron, and a laundry bag if you plan to do laundry while at camp.

Other Items: You may choose to bring other helpful items to camp: umbrella, hangers, alarm clock, water bottle, healthy snacks, camera, playing cards, games, etc. Students may choose to bring a small amount of cash for vending machines or laundry facilities. The KU School of Music and Midwestern Music Camps are not responsible for lost or broken items.
Audition Music

Woodwind & Brass campers prepare:
• A short audition selection of student’s choice (an etude, solo piece, short passage from band or orchestral music)
• Two scales of the student’s choice
• Sight-reading may be chosen by the woodwind & brass faculty

Percussion campers prepare:
• A short selection of the student’s choice on mallets (etude, solo piece, short passage from band or orchestral music)
• A short selection of the student’s choice on snare (etude, solo piece, short passage from band or orchestral music)
• Two scales of the student’s choice on mallets
• Two rudiments of the student’s choice on snare
• Brief sight-reading on mallets and snare may be chosen by the percussion faculty at the audition

Choir campers prepare:
• The audition will consist of a short selection of the student’s choice
• Sight-reading may be chosen by the choral faculty

String campers prepare:
• A solo piece of the student’s choice
• One scale of the student’s choice that best demonstrates their ability level
• Sight-reading may be chosen by string faculty
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.
PHOTO, VIDEO, AUDIO, AND INFORMATION RELEASE

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

Name of Camper: ____________________________________________

Instrument or Voice: ________________________________________

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
RELEASE FROM LIABILITY AGREEMENT
***Please print, sign, and turn in at registration***

Name of Camper: ____________________________________________

Instrument or Voice: ________________________________________

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
YOUTH PROGRAM/CAMP GUIDELINES AND EXPECTATIONS

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

Name of Camper: ____________________________________________

Instrument or Voice: _________________________________________

• 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 prohibit 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 devices (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  Date

_________________________________________
Printed Name of Parent / Guardian

_________________________________________  __________________________
Signature of Camper  Date
TO PARENTS / GUARDIANS OF YOUTH PROGRAM PARTICIPANTS – For 2017

Watkins Health Services (WHS) is the student medical clinic on the Lawrence Campus of the University of Kansas. Occasionally, participants in youth programs/camps (i.e. “campers”) are brought to WHS for medical needs and we want to assure you that WHS will provide these campers with the same high quality care that KU students receive. All of our healthcare providers are board certified and many of our staff members are also parents. We understand the needs of campers and the concerns of parents! That is why if a camper comes to WHS for care, we will contact the parent or guardian as soon as possible (in compliance with the laws of Kansas).

While we are not an Emergency Room, we do stabilize and transfer patients when that is needed. Most of the time, we merely address the immediate issue and refer the patient back to their family physician for follow-up care.

We do recommend that you complete this packet of forms and submit it back to the Youth Program Director. In the unlikely event that your camper requires medical care during the program/camp, the forms will be brought to WHS to provide our staff important information about the camper’s health conditions as well as emergency contact information in order to facilitate care.

Please understand, there are charges for office visits as well as for any services ordered such as lab tests, X-rays, medications, etc. If any charges are to be billed to an insurance company, a copy of the participant’s insurance card(s) must also be provided during the initial visit. PLEASE NOTE: We do not bill Medicare, Medicaid, KanCare, etc. as WHS is not a participating provider with these or similar government programs. Those charges would become the parent’s/guardian’s responsibility as noted on the enclosed Treatment Agreement.

If your camper is bringing any personal medication or medical device to campus, please be sure that:
1) The camper fully understands how and when to take the medication or use the device;
2) The device or any remaining doses of the medication return home with the camper at the end of the program.

For more information about the services and healthcare providers at WHS, please visit our website: www.studenthealth.ku.edu

If we can be of further assistance or answer any questions about this packet, please feel free to contact our Business Office at 785.864.9520.
YOUTH PROGRAM PARTICIPANT’S HEALTH HISTORY FORM
This completed form must accompany the individual on first visit to Watkins Health Services (WHS).
It is essential that our 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?  ☐ NO  ☐ YES 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/seizures  ☐ Kidney problems

☐ Gastrointestinal problems  ☐ Cardiac  ☐ Headaches  ☐ Other ________________

3. Has the youth had any other significant illnesses, injuries, or surgeries?  ☐ NO  ☐ YES 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>
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<tbody>
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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)

DTaP 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?  ☐ NO  ☐ YES If Yes, please list ____________________

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

8. Do any allergies require an EPI Pen to accompany camper?  ☐ NO  ☐ YES If Yes, please list ____________________

If necessary, please attach additional health information.

AD 021-1
R- 12/27/2016

WATKINS HEALTH SERVICES
THE UNIVERSITY OF KANSAS
TREATMENT AGREEMENT FOR YOUTH PROGRAM PARTICIPANT
WATKINS HEALTH SERVICES (WHS) AT THE UNIVERSITY OF KANSAS

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. If I am the parent or legal guardian of the patient, 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 ______________________ Phone number for Parent, Guardian or Representative ____________________

AD-410.2 
R-12/27/2016 
WATKINS HEALTH SERVICES 
THE UNIVERSITY OF KANSAS
CONSENT FOR THE USE OR DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS

In our Notice of Privacy Practices (NPP) we provide you information about how Watkins Health Services 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. It is available online: https://studenthealth.ku.edu/sites/studenthealth.ku.edu/files/docs/Notice_of_Privacy_Practice.pdf

Or you may call and request that one be sent to you: 785.864.9507

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.

__________________________________________  ____________________________
Print Name of Youth Program Participant  Date

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

__________________________________________  ____________________________
Print Name of Parent, Guardian or Representative  Phone number for Parent, Guardian or Representative
NOTE to Parents / Guardians: This is our standard Notice and is for your information only. You do not need to return this to the Program/Camp Director.

--- NOTICE OF PRIVACY PRACTICES ---

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

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 purposes 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 will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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 Officer 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 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.

(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.

This Notice Of Privacy Practices Applies To The Following Organizations:

Counseling and Psychological Services
Wakarusa Health Services
Schiefelbusch Speech-Language-Hearing Clinic
Wakarusa Memorial Health Center, Room 2420C
2101 Haworth Hall
The University of Kansas Lawrence, KS 66045
785-864-2777
The University of Kansas Lawrence, KS 66045
785-864-9525
The University of Kansas Lawrence, KS 66045
785-864-4670

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