



# PARENTAL CONSENT FOR MEDICAL TREATMENT

In the event that your child becomes ill or is injured during the following Young Life activity,

we request that Young Life be given permission to take your child to the nearest medical facility or healthcare provider and have the necessary treatment administered. I verify that my child is in good health and is capable of participating in strenuous activities, and when necessary, will tailor the activities to those within the bounds of his/her physical health. In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet.

Your signature below will acknowledge your acceptance and understanding of Young Life's role in the medical care of your child.

*IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE YOUNG LIFE THE PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY YOUNG LIFE. I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY YOUNG LIFE TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT; TO MAINTAIN AND/OR RELEASE ANY MEDICAL RECORDS NECESSARY FOR INSURANCE PURPOSES AS OUTLINED UNDER THE HIPAA REGULATIONS.\* I ABSOLVE YOUNG LIFE FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD.*

\*I have received, reviewed, and agree to the release of my health information as outlined in Young Life's "Notice of Privacy Practices" handout. Additional copies available at [www.younglife.org](http://www.younglife.org)

\*Signature of parent or guardian or adult camper/staffer \_\_\_\_\_

Name of child \_\_\_\_\_  
(PLEASE PRINT)

Signature of parent or guardian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

If parents are not available, please call relative below.

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc., which may be needed in any treatment:

\_\_\_\_\_  
\_\_\_\_\_

**The child named above has had a physical in the last 24 months.**

All injury claims that are less than \$250 are covered by Young Life. Any claim exceeding \$250 will be coordinated with your personal insurance entirely. At that point, Young Life will become the secondary carrier and will supplement your coverage. The maximum amount of coverage available from Young Life is \$4,000. Young Life shall not be held liable at any time for lost or stolen luggage/baggage.

Parent or guardian's insurance company \_\_\_\_\_

Parent or guardian's insurance company address \_\_\_\_\_

Parent or guardian's policy number \_\_\_\_\_



## 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 REVIEW IT CAREFULLY.**

Young Life is committed to protecting your personal health information. Personal health information may include such items as health consent forms, medical history information, etc.... This notice about protecting your health information is required by law. It tells you about your rights and how Young Life uses and discloses your health information.

### **Your Health Information Rights**

You have certain rights regarding the health information Young Life has about you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information; however, Young Life is not required to approve your request.
- Request that Young Life notify you about your health information in a way or at a location that will help you keep your health information confidential.
- Receive a list of disclosures Young Life has made of your health information.
- In writing at any time, withdraw your permission for Young Life to disclose your health information, except for the information that Young Life disclosed before you stopped your permission.
- Ask Young Life to change your health information if you believe it is incorrect or incomplete. Young Life may deny your request and, if so, will give you the reason(s) why the request was denied.
- Receive a paper or electronic copy of this Notice of Privacy Practices upon request.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one of these rights, contact:

The Young Life Benefits Department  
Attention: Privacy Official  
420 North Cascade Avenue  
Colorado Springs, CO 80903  
(719) 381-1800

### **How Young Life May Use or Disclose Your Health Information**

The law permits Young Life to use or disclose your health information for the following purposes:

**Treatment** - Young Life may use and disclose your health information to help you receive medical treatment and services.  
**Example:** Young Life may use your medical history information to ensure that you receive proper medical care, should you become injured.

**Payment** - Young Life may use and disclose your health information to pay for your medical treatment and services  
**Example:** A claim for healthcare services may be sent to Young Life by your doctor. The claim may contain information that identifies you, your diagnosis, and the treatment or supplies you received.

**Health Care Operations** - Young Life may use and disclose your health information to internal auditors.  
**Example:** Your health information may be disclosed to the medical staff or quality improvement staff to review the effectiveness of the medical care you received.

**Requirements by Law** - Young Life may use and disclose your health information when the law requires it.  
**Example:** Young Life may disclose information for the following purposes:

- To reply to proper requests for your health information from a court or other legal agency.
- To report information for public health, such as reporting victims of abuse, neglect or domestic violence, or reporting to the Food and Drug Administration, problems with products or reactions to medications.

- To report information for public safety, such as to prevent the spread of a serious threat to the health or safety of a particular person or the general public.
- To assist law enforcement officials, such as the police, in their law enforcement duties.
- To allow funeral directors, medical examiners or coroners to carry out their lawful duties, such as to complete a death certificate for the state.
- To comply with laws and regulations related to Workers' Compensation.
- To allow other government agencies to provide you with benefits and services.

**Health Oversight Activities** - Young Life may disclose your health information to government health agencies for health oversight reasons, such as program audits or licensure review.

**Research** - Young Life may use your health information for approved research purposes, such as for a study to cure a disease.

**Special Government Functions** – “Special government functions” such as protection of public officials or reporting to various branches of the armed services, may require the use or disclosure of your health information.

### **Obligations of Young Life**

Young Life is required to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice of its legal duties and privacy practices with respect to your health information.
- Obtain your written authorization to use or disclose your health information for reasons other than those listed in this Notice and permitted under law.
- Abide by the terms of this Notice that are currently in effect.
- Notify you if Young Life is unable to agree to a requested restriction on how your information is used or disclosed.
- Allow reasonable requests you may make to notify you about your health information in a way or at a location that will help you keep your health information confidential.

Young Life reserves the right to change its information practices. The new provisions will be effective for all protected health information that The Young Life Benefits Plan maintains. Revised notices will be made available by contacting the administration office of the camp you are attending.

If you have a complaint about this Notice of Privacy Practices, how Young Life handles your health information, or if you otherwise believe that your privacy rights have been violated by Young Life, your complaint should be directed to:

The Young Life Benefits Department  
 Attention: Privacy Official  
 420 North Cascade Avenue  
 Colorado Springs, CO 80903  
 (719) 381-1800

If you are not satisfied with the manner in which Young Life handles a complaint, you may submit a formal complaint to the U.S. Secretary of Health and Human Services in Washington, DC.

There will be no retaliation by Young Life if you file a complaint.