

UNIVERSITY HEALTH SERVICES

CHILD'S HEALTH HISTORY RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO THE CAMP. Contact your child's health care provider or University Health Services 608-265-5607 if you need assistance completing this form.

NAME OF CAMP ATTENDING: _____

CHILD'S Personal Information

| | | |
|--|-----------------------|-----------------------------------|
| Name - Child's (Last, First, Middle Initial) | Birthdate (Mo/Day/Yr) | Telephone Number (Home) () |
|--|-----------------------|-----------------------------------|

Address (Street, City, State, Zip) _____

| | | |
|---|---------------------------------|----------------------------|
| Name of Parent/Guardian/Legal Custodian | Work Telephone Number () | Cellphone Number () |
| Name of Emergency Contact | Work Telephone Number () | Cellphone Number () |

CHILD'S Health Care Provider

| | |
|---------------------------|-----------------|
| Health Care Provider Name | Name of Clinic: |
|---------------------------|-----------------|

| | |
|--|----------------------------|
| Address of Facility (Street, City, State, Zip) | Telephone Number () |
|--|----------------------------|

ALLERGIES

Please check all that apply:

| | | | |
|------------------------------------|---|---|---|
| This child has no known allergies. | This child is allergic to this food(s) : | This child is allergic to this medication(s) : | This child is allergic to the following: _____ |
| | Does this allergy cause anaphylaxis? Yes No | Does this allergy cause anaphylaxis? Yes No | Does this allergy cause anaphylaxis? Yes No |
| | Date of most recent episode? | Date of most recent episode? | Date of most recent episode? |
| | Describe reaction and how it is managed? | Describe reaction and how it is managed? | Describe reaction and how it is managed? |

MEDICAL CONDITIONS

Please check all that apply:

| | | |
|-----------------|---|---|
| ASTHMA | This child does NOT have asthma. | This child does have asthma and has completed action plan attached. |
| DIABETES | This child does NOT have diabetes. | This child does have diabetes and has diabetes management plan attached |

MENTAL HEALTH CONCERNS

| | |
|---|--|
| This child does NOT have any mental health concerns. | This child has the following mental health concerns: ADD/ADHD Anxiety Autism Spectrum Disorders Bipolar Depression Eating Disorder Self-Injurious Behavior Other: _____ Are they currently receiving mental health services? YES NO |
|---|--|

MEDICATION

This child **will NOT** take any daily medications while attending camp.

Camp health staff may administer over-the-counter medications as needed.

This child **will** take the following medication (includes vitamins, supplements, and over-the-counter) while attending camp.

- I am bringing enough medication to last the entire session
- All medications **MUST be in the original container and if prescribed – labeled by the pharmacy**

| Medication or Treatment | Dose | When do you give it at home? | Reason for taking medication |
|-------------------------|------|------------------------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

OTHER HEALTH CONCERNS

Please indicate any other important medical conditions (e.g. seizures, physical conditions, etc.)

SIGNATURE

The information included on this form is complete and accurate to the best of my knowledge.

SIGNATURE- Parent/Guardian/Legal Custodian

Date Signed

CONSENTS AND NOTICE OF PRIVACY PRACTICES

If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**:

Initial

CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

- I am giving consent in advance for medical treatment at an appropriate medical facility in case of **an illness or injury**
- I am stating that I am aware of and accept the inherent risk in program activity.
- I attest that all information on all pages of these forms is correct.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin- Madison, their officers, agents and employees from any and all liability, loss, damages, cost or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Initial

CONSENT FOR RELEASE OF HEALTH INFORMATION

I hereby authorize University Health Services to release any necessary health information to Youth Program staff as deemed necessary or as required by law.

Initial

NOTICES OF PRIVACY PRACTICES

I acknowledge that I've been given a copy of the University Health Services Notice of Privacy Practices (attached).

PARTICIPANT/CAMPER NAME: _____

CAMP NAME: _____

SIGNATURE OF PARENT OR LEGAL GARDIAN

DATE

RELATIONSHIP TO PARTICIPANT/CAMPER

UNIVERSITY HEALTH SERVICES 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.

I. UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit, contact via phone, or send an electronic message to a University Health Services (UHS) health care provider (physician, nurse, psychologist, etc.), a record of your visit is made. This record usually contains identification (including address, telephone numbers, etc.) and financial information as well as symptoms, diagnoses, test results, a description of a physical examination, and a treatment plan. This record is often referred to as your "medical record," or "health information," and may consist of both paper and electronic records.

Your health information is used:

- to plan for your care and treatment;
- for communication among your health care professionals;
- as a legal document describing the care you received;
- as a way for you or your insurance company to verify the services provided;
- to help UHS health care providers review and improve health care and outcomes;
- as a source of information for important health research;
- to train health professionals and students;
- for other similar activities that allow UHS to operate efficiently and provide you with quality care.

II. UHS' DUTY TO PROTECT YOUR HEALTH INFORMATION

The Health Insurance Portability and Accountability Act, also known as HIPAA, requires privacy protection for health information (medical records) that is termed protected health information (PHI). PHI is health information or health care payment information including demographic information collected from individual patients. It is information that identifies the individual or could be used to identify the individual. Protected health information related to UHS patients who are not university students falls under the privacy protection requirements of HIPAA. Wisconsin state law also requires some specific protections.

UHS consists of Mental Health Services, Medical Services, and Prevention Services, and provides quality health care, trains future health care professionals (such as doctors, nurses, counselors, and psychologists), and conducts health sciences research.

In the course of providing health care, training health care professionals, and conducting health sciences research, UHS creates, maintains, uses, and may disclose your health information. The purpose of this notice is to describe the privacy practices that UHS will use related to your health information. Our privacy practices are intended to protect the confidentiality of the health information that specifically identifies or could be used to identify you.

UHS may change the terms of this notice if its privacy practices change or as federal or state requirements change. Each notice will have an effective date listed on the document. UHS reserves the right to make the amended notice effective for any health information UHS has at the time the change is made, as well as for future health information.

You may obtain a current copy of our Notice of Privacy Practices at any UHS registration desk or on our web site: www.uhs.wisc.edu

III. HOW UHS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

UHS uses and discloses your health information for many different reasons, most of which are necessary to provide you with quality health care services. Federal and state law does not require UHS to get your permission to perform many routine functions, especially those activities necessary to treat you, create and deliver bills for your treatment, and other routine activities necessary to perform efficiently. Federal and state law also permit(s) UHS to share this information with third parties who assist us in the performance of these routine functions without your permission. For some other activities, federal and/or state law require(s) UHS to obtain your written authorization.

Please note that Wisconsin law is more protective of certain health information than federal law. As required by state law, in most cases UHS may not disclose certain portions of your information related to treatment for and HIV status without your specific written authorization.

The following examples do not refer to every way in which your health information could be used or disclosed. UHS may use or disclose your health information in ways permitted by law that are not included in the examples below

A. Uses and disclosures of your health information for the purpose of providing you with medical and mental health care without authorization

Providing you with treatment, collecting payment, and conducting health operations are necessary activities for delivering health care. State and federal law permit UHS to use and disclose your health information for these purposes. Examples of what constitute treatment, payment, and health care operations follow. Mental Health care transfer or requests of records outside of UHS will require your authorization.

1. Treatment Examples:

- Your MEDICAL provider or staff member may have to disclose your health information (including all of your medical records) to another health care provider or use it if necessary to refer you for diagnosis, assessment, or treatment of your health condition. Mental Health records will require an authorization for treatment outside of UHS.
- Different departments of UHS may use and disclose your health information to each other to coordinate your care and treatment such as writing prescriptions and ordering and viewing lab work and x-rays.
- UHS may disclose your medical health information by phone, letter, fax, or computer to people not affiliated with UHS who are involved in your medical care, such as your primary physician.

2. Payment Examples:

- UHS may need to give your health insurance plan information about your visit in order to receive payment.
- UHS may tell your health insurance plan about treatment to obtain approval or to determine whether your plan will pay for the treatment.

3. Health Care Operations Examples:

- Your health information may be used to review the performance and competence of physicians, counselors, and others involved in your care.
- Your health information may be used in UHS training programs for health sciences students who will become future health care professionals.
- UHS may use your health information for administrative activities, or for accreditation, certification, or licensing purposes. (Ex. quality improvement studies)

B. Other uses and disclosures of your information that do not require your authorization

There are some instances in which UHS is permitted or required by law to use and disclose your information without your authorization. The following

examples illustrate such disclosures.

1. Disclosures Required by Law

UHS will disclose medical information about you when required to do so by federal or state laws.

2. Public Health Activities

UHS may disclose medical information about you for public health purposes. For example:

- Reporting certain conditions such as communicable diseases for purposes of monitoring, preventing, and controlling disease; and
- Reporting reactions to medications or problems with health products and notifying people of health product recalls.

3. Victims of Abuse, Neglect, or Domestic Violence

UHS is required by law to report any suspected abuse of a child, and is permitted to report suspected abuse of an adult. Usually, UHS will report suspected abuse of an adult only with that person's consent.

4. Health Oversight Activities

UHS may need to disclose health information to agencies that monitor our compliance with state and federal laws.

5. Judicial and Administrative Proceedings

If you are involved in a lawsuit or a dispute, UHS may disclose medical and mental health information about you in response to a judicial order or lawfully issued subpoena.

6. Law Enforcement

UHS may disclose health information about you to law enforcement officials in response to a court order or other similar process allowed by law in order to identify or locate a suspect, fugitive, material witness, or missing person; or to report or respond to a crime.

7. Coroners and Medical Examiners

UHS may disclose health information to a coroner or medical examiner for the purposes of identifying a deceased person or determining a cause of death.

8. Appointment Reminders/ Additional Communications

UHS may use your health information to call you, contact you electronically, or send a letter reminding you of an upcoming appointment. UHS may also use your information to call you or send the results of tests or to convey other health communications.

9. Research

Under certain circumstances, UHS may use and disclose your health information for research purposes, which may include contacting you about participation in research projects. A research oversight committee exists to protect the rights of all research participants, including their privacy and confidentiality rights.

10. Serious Threat to Health or Safety

UHS may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of others.

11. Specific Government Functions

If you are a member of the armed forces, UHS may disclose your health information, under certain circumstances, to military authorities to assist with a military mission.

12. Workers' Compensation

UHS may release your health information to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

13. Communicating Additional Services Provided by UHS

Under certain conditions, UHS may use your health information to inform you of additional or health-related services it has to offer.

C. Uses and disclosures of your health information that you may object to or refuse

Listed below are examples of ways UHS may use or disclose your health information without your authorization unless you refuse or object.

1. Information Disclosed to Family Members, Close Friends, or Others

To coordinate your care and explain your condition and treatment plan, UHS may disclose health information about you to your family or close personal friends. You have the right to object to these kinds of disclosures. In an emergency situation, UHS will exercise its professional judgment to determine if family or friends should receive information about you. As a general policy, UHS does not disclose information to family members, close friends, or others without consent.

2. Notification

Unless you object, UHS may use your health information to notify, or assist in notifying, members of your family, close personal friends, or any other people responsible for your care about your condition, location, or death.

3. Disaster Relief

Unless you object, UHS may also disclose your health information to an organization authorized to assist in disaster relief efforts so that loved ones can receive information about your location and health status.

To obtain further information on how to refuse or object, please contact the UHS Privacy Manager at 333 East Campus Mall, Madison, WI 53715; (608)265-5600.

D. Uses and disclosures of your health information requiring your authorization

If UHS needs to use or disclose your health information for most other purposes not listed in this brochure, UHS must first obtain your written authorization. Some examples that require your authorization would be for marketing, psychotherapy records or sale of PHI. Even if you authorize UHS to use or disclose your information for a particular purpose, you may revoke your authorization.

E. Requirements to report Crime Statistics

State and federal laws require some employees of the University to provide data to campus officials about crimes that occur on or near campus, or that affect members of the campus community, including students and employees. UHS will only provide aggregate data, and will not provide any information that identifies you without your permission.

IV. YOUR RIGHTS AS A PATIENT/CLIENT OF UHS

As a patient of UHS, you have the following rights with regard to your health information:

A. Right to request how you will be contacted

It is UHS' normal practice to communicate with you at your home address and home phone number or through secure message through MyUHS about health matters, such as appointment reminders and the results of lab tests. Sometimes UHS may leave messages on your voicemail. You have the right to request that UHS communicate with you in a different way. For example, you may request that UHS only communicate with you by mail to a particular address. UHS will agree to reasonable requests.

To request an alternative method of communication, please contact the UHS privacy manager at 333 East Campus Mall, (608) 265-5600. Please note, however, that if you request communications in an alternative manner, all future communications initiated by UHS will be made in that manner.

B. Right to inspect and copy your health and billing records.

You have the right to inspect and obtain a copy of your information contained in UHS' billing and health records. UHS may deny your request to inspect and copy under limited circumstances. To request access to your billing or health information, contact the budget and finance or the health record department at the UHS location where you receive care. If you ask for a copy of any information, UHS may charge a reasonable fee for the costs of copying, mailing, and supplies.

C. Right to add information to correct or amend your health and billing records

If you feel that information contained in your health or billing records is incorrect or incomplete, you may ask UHS to add information to correct the record. UHS will make a decision on your request within 60 days, or in some cases, within 90 days. Under certain circumstances, UHS may deny your request to add information. To request an addition to your billing or health records, you must contact the budget and finance or the health record department at the UHS location where you receive care. UHS may require you to submit your request in writing and to provide an explanation concerning the reason for your request.

D. Right to an accounting of disclosures

You have the right to request an "accounting of disclosures," which is a list of certain disclosures of your health information by UHS. This list will not include:

- disclosures made to carry out treatment, payment, and health care operations;
- disclosures made to you;
- disclosures made with your authorization;
- disclosures to family or friends involved in your care, to disaster relief organizations, or to notify those involved in your care of your location in UHS health facilities and your health status; or
- disclosures made before April 14, 2003.

UHS will make a decision on your request for an accounting within 60 days, or in some cases, 90 days of receipt of your request and will provide you with further information about your rights if the request is denied.

UHS must provide you an accounting of disclosures free of charge once in any 12 month period. UHS may charge you for the costs of providing you with the list more than once in a 12 month period.

To request an accounting of disclosures, you must make your request to the medical record department at the UHS location where you receive care.

E. Right to a paper copy of this notice

You have the right to obtain a paper copy of the most current UHS Notice of Privacy Practices upon request within a reasonable amount of time, even if you have received a copy of the notice electronically.

F. Right to request restrictions on uses and disclosures of your health information

Federal and state law says you have the right to ask for restrictions on certain uses and disclosures of your health information. Federal law also says that UHS is not required to agree to such restrictions except as noted below. Because of the number, complexity, and nature of the services we deliver, UHS cannot make any formal commitment under federal or state law to agree to such requests. However, outside of federal law, in rare circumstances, informal arrangements for limited restrictions may be worked out with you.

UHS must agree to a request to restrict disclosures of PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and the PHI pertains solely to a service or item for which you or another entity other than the health plan has paid UHS in full.

G. UHS must notify you following a breach of your unsecured PHI.

V. CONTACT AND COMPLAINT INFORMATION

A. Contact information

If you have any question or concerns regarding the information in this notice please contact:

UHS Privacy Manager

333 East Campus Mall Madison, WI 53715

(608) 265-5600

B. Complaints

If you believe that anyone at UHS has violated your privacy rights, you may call the UHS Privacy Manager and discuss your concerns. If you are not satisfied with the outcome, UHS will provide you with information on how to contact the UW–Madison privacy officer and Department of Health and Human Services, when applicable. UHS will take no action against you if you make a complaint to either.

Notice effective April 14, 2003

Revised September 2013 and September 2014