

**UWSP Athletics  
Summer Camp Health Care  
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.**

**Uses and Disclosures**

**Treatment** Your health information may be used by camp health staff members or camp staff for the purpose of evaluating your health, assessing medical conditions, and providing treatment. Brief information about your medical condition may be shared with the camp staff to provide treatment for your injuries or medical conditions.

**Referral** Your health information may be communicated to other health professionals in the event of an emergency situation where referral to an advanced medical facility is warranted.

**Participation** In the UWSP Athletic Summer Camp setting, it is a necessity that camp health staff communicate with coaches and administrators. Discussing your health information allows them to make participation decisions. The Consulting Physician, Camp Health Supervisor, Camp Health Staff, and other camp staff members will disclose information that is determined necessary for these decisions to be made. This information may include information from a physician's evaluation; laboratory or diagnostic testing results; or other pertinent information. This information, with input from the camp health staff, is used as a tool to assist Camp Health Staff determination the ability to participate.

**Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than that listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information, you may submit a written revocation of the authorization.

**Individual Rights** You have certain rights under the federal privacy standards. These include:

- The right to restriction on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive a printed copy of this notice
- **The right to receive a copy of The Notice of Privacy Practices for medical and rehabilitative services**

**CUT AT DOTTED LINE. FILL OUT AND RETURN THE FORM BELOW. KEEP THE TOP SECTION.**

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**Notice of Privacy Practices Acknowledgement**

I hereby acknowledge that I have received the Notice of Privacy Practices statement.

Camp Name: \_\_\_\_\_ Camp Dates: \_\_\_\_\_

Student/Camper Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (If student or camper is under 18 years old, then this must be a parent's or guardian's signature).

## **UWSP Athletics Summer Camp Health Care Duties**

**We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.**

**We are also required to abide by the privacy policies and practices that are outlined in this notice.**

### **Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required with changes in federal and state laws and regulations. If there are changes, we will provide you with a revised notice.

### **Requests To Inspect Protected Health Information**

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. For records maintained by the camp health staff, written requests must be submitted to the Camp Health Supervisor.

### **Complaints**

If you would like to submit a comment or complaint about the privacy practices of UWSP Athletics Summer Camp Health Care, please do so by sending a letter outlining your concerns to:

UWSP Athletic Training Services  
Room 040 HEC  
2050 4th Ave  
Stevens Point, WI 54481  
(715)346-4570

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

### **Contact Person**

For any further information concerning the privacy practices of UWSP Athletics Summer Camp Health Care, please contact the UWSP Athletics Camp Health Supervisor listed above.

### **Effective Date**

This Notice is effective on or after April 14, 2003.

**CUT AT DOTTED LINE. FILL OUT AND RETURN THE FORM ON THE OTHER SIDE. KEEP THE TOP SECTION.**

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