



CAMP HOPE CAMPER APPLICATION

CAMP HOPE REFERRAL

Date Application Sent:	
Date Application Rec'd:	
All forms completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please return all completed forms to:

Camp Hope
6260 Westpark Suite #100, Houston TX 77057

Camp Hope – July 15-20, 2018
(Application deadline: Tuesday, May 1, 2018)

Patient name: _____

DOB: _____

The patient is being referred for participation in Camp Hope program. He/she is being referred for the following services (check all that apply):

_____ Caregiver respite

_____ Medication observance (on-site assessment by medical staff for determination of adherence barriers)

_____ Psychosocial observance (on-site assessment by psychosocial staff for determination of appropriate interventions for behavioral issues)

_____ Patient support group/HIV education (for older patients who are aware of their diagnosis support groups and educational sessions available)

_____ Develop and enhance patient's social skills

_____ Encourage self-efficacy and self confidence in patient

Signature of Health Care Provider _____ Date _____



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial: _____

Camper Application: Completed by legal guardian and provider/case manager

Camper's Full Name: _____

Preferred Name/Nickname (to appear on name tag): _____

DOB: _____ Gender: _____ Age (as of 7/15/18): _____ Grade completed (as of 7/15/18): _____

Race/Ethnicity (please circle one): African-American Hispanic/Latino White Asian Other

Address: _____ Home Phone # (____) _____

City: _____ State: _____ Zip Code: _____

Camper's T-shirt size (youth size): _____ Will the camper be riding the bus to camp? Yes No

Is the camper aware of their HIV status? Yes No If not, are there plans to disclose prior to camp? _____

Please note that campers over the age of 13 that are aware of their status will participate in education sessions called "Teen Talk". Campers who are over 13 & are not aware of their status will participate in an alternate activity during Teen Talk.

Initial _____

CAREGIVER INFORMATION

Caregiver (person that the camper lives with): _____

Relationship to the camper: _____ Household income: _____

Number of Individuals living in the household: _____

Home phone: (____) _____ Work: (____) _____ Mobile: (____) _____

Are you the legal guardian of the camper listed above? Yes No

Caregiver (2):

Relationship to the camper: _____ Household income: _____

Number of Individuals living in the household: _____

Home phone: (____) _____ Work: (____) _____ Mobile: (____) _____

PERSON(S) TO BE CONTACTED IN CASE OF AN EMERGENCY IF CAREGIVERS CANNOT BE REACHED:

Name: _____

Relationship to child: _____

Home phone: (____) _____ Work: (____) _____ Mobile: (____) _____

Name: _____

Relationship to child: _____

Home phone: (____) _____ Work: (____) _____ Mobile: (____) _____

Please give us any other information that would be helpful in caring for your child. Please include any recent traumatizing events. All information is confidential and will be used only to assist your child in having a safe and enjoyable camp experience.

"I hereby authorize my provider to release to AIDS Foundation Houston, Inc. all medical information concerning my child"

Parent/Guardian's Signature _____ Date _____



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial:

Camper Application: Completed by legal guardian and provider/case manager

RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE AND HOLD HARMLESS AGREEMENT ("RELEASE")

1. In consideration for receiving permission to participate in the Camp Hope program for the period of: July 15-20, 2018 -- I, the legal guardian of _____ CAMPER'S NAME _____ FOR MYSELF AND ON BEHALF OF MY SPOUSE, FAMILY MEMBERS, SUCCESSORS, ASSIGNS, REPRESENTATIVES, HEIRS, EXECUTORS AND AGENTS, HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE AIDS FOUNDATION HOUSTON, INC, ITS OFFICERS, SERVANTS, AGENTS AND EMPLOYEES (HEREINAFTER REFERRED TO AS "RELEASEES") FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATING TO ANY LOSS, DAMAGE OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, OR TO ANY PROPERTY BELONGING TO ME, WHETHER CAUSED, EITHER IN WHOLE OR IN PART, BY THE NEGLIGENCE, GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE RELEASEES, OR OTHERWISE, WHILE PARTICIPATING IN THE CAMP HOPE PROGRAM, OR WHILE IN, ON OR UPON THE PREMISES WHERE THE PROGRAM IS BEING CONDUCTED, WHILE IN TRANSIT TO OR FROM THE PREMISES, OR IN ANY PLACE OR PLACES CONNECTED WITH THE PROGRAM.

2. I AM FULLY AWARE OF RISKS AND HAZARDS CONNECTED WITH BEING ON THE PREMISES AND PARTICIPATING IN THE PROGRAM, AND I AM FULLY AWARE THAT THERE MAY BE RISKS AND HAZARDS UNKNOWN TO ME CONNECTED WITH BEING ON THE PREMISES AND PARTICIPATING IN THE PROGRAM, AND I HEREBY ELECT TO VOLUNTARILY ALLOW _____ CAMPER'S NAME _____ TO PARTICIPATE IN THE PROGRAM, TO ENTER UPON THE ABOVE NAMED PREMISES AND ENGAGE IN ACTIVITIES. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME, AS A RESULT OF MY BEING A PARTICIPANT IN THE PROGRAM, WHETHER CAUSED, EITHER IN WHOLE OR IN PART, BY THE NEGLIGENCE, GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF RELEASES, OR OTHERWISE.

3. I FURTHER HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS AND COVENANT NOT TO SUE THE RELEASEES AND EACH OF THEM, FROM ANY LOSS, LIABILITY, DAMAGE OR COSTS THEY MAY INCUR DUE TO _____ CAMPER'S NAME _____ PARTICIPATION IN THE PROGRAM, WHETHER CAUSED, EITHER IN WHOLE OR IN PART, BY THE NEGLIGENCE, GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF ANY OR ALL OF THE RELEASEES, OR OTHERWISE.

In signing this release, I acknowledge and represent that:

- A. I have read the foregoing Release, understand it, and sign it voluntarily as my own free act and deed;
- B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;



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Camper Application Continued: Completed by legal guardian and provider/case manager

- C. I am at least eighteen (18) years of age and fully competent; and
D. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.
E. This Release shall be construed and governed according to the laws of the State of Texas. Any suit to enforce the terms of this Release shall be brought exclusively in the courts of Houston, Harris County, Texas.

Parent/Guardian's Signature Date

Name Printed:

I, PROVIDER/CASE MANAGER'S NAME, medical provider for CAMPER'S NAME verify that PARENT/GUARDIAN NAME is the guardian of CAMPER'S NAME and has signed this camper application.

Provider/Case Manager Signature Date



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial: _____

Camper Application Continued: Completed by legal guardian

PARTICIPATION CONSENT

Camper's Name: _____

I understand and certify that my/my child's participation in Camp Hope, a program of AIDS Foundation Houston, and its activities at Camp For All is completely voluntary. I have familiarized myself with AIDS Foundation Houston's Camp Hope program and activities at Camp For All in which my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, riflery, and canoeing. I acknowledge that although AIDS Foundation Houston and Camp For All have taken safety measures to minimize the risk of injury to camp participants, AIDS Foundation Houston and Camp For All cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for AIDS Foundation Houston and Camp For All. Further, I have received approval from a doctor authorizing my child to participate in the Camp Hope activities at Camp For All. I also agree to inform AIDS Foundation Houston of any activities in which my child may not participate.

Parent/Guardian's Signature _____ Date _____

LIABILITY RELEASE

Camper's Name: _____

I, the undersigned, understand that occasionally accidents may occur while transporting to/from camp and during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge AIDS Foundation Houston and Camp For All, and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to my child during or related to his / her attendance at AIDS Foundation Houston and Camp For All.

Parent/Guardian's Signature _____ Date _____



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial: _____

Camper Application Continued: Completed by legal guardian

AUTHORIZATION TO BE PHOTOGRAPHED

Camper's Name: _____

(Please check one)

FULL CONSENT

_____ I hereby grant the following rights and permissions to AIDS Foundation Houston, Inc. (AFH) ("AFH"), his/her employees, legal representatives and assigns, those for whom AFH is acting, and those acting with his/her authority and permission. They have the absolute right and permission to take, use, reuse, publish, and republish photographic portraits or pictures of the minor or in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with the minor's own or a fictitious name, or reproductions of such photographs in color or otherwise, made through any medium at AFH studios or elsewhere, and in any and all media now or hereafter known, including the internet, for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any published matter in conjunction with such photographs. I specifically consent to the digital compositing or distortion of the portraits or pictures, including without restriction any changes or alterations as to color, size, shape, perspective, context, foreground or background. I waive any right that I or the minor may have to inspect or approve any finished product or products or the advertising copy or printed matter that may be used in connection with such photographs or the use to which it may be applied. **I UNDERSTAND THAT THE IMAGES OF THE MINOR MAY BE USED IN PUBLIC-SERVICE ADVERTISEMENTS TO PROMOTE AIDS AWARENESS. KNOWING THAT SUCH USES MAY INTENTIONALLY OR UNINTENTIONALLY GIVE RISE TO THE IMPRESSION THAT THE MINOR SUFFERS FROM THIS DISEASE, I NEVERTHELESS CONSENT TO THIS USE.**

I RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS AND DEFEND PHOTOGRAPHER, HIS/HER LEGAL REPRESENTATIVES OR ASSIGNS, AND ALL PERSONS ACTING UNDER HIS/HER PERMISSION OR AUTHORITY OR THOSE FOR WHOM HE/SHE IS ACTING, , INCLUDING AIDS FOUNDATION HOUSTON AND ITS EMPLOYEES, OFFICERS, AGENTS AND DIRECTORS, FROM ANY LIABILITY BY VIRTUE OF ANY REASON, INCLUDING NEGLIGENCE AND GROSS NEGLIGENCE, IN CONNECTION WITH THE MAKING AND USE OF SUCH PHOTOGRAPHS, INCLUDING BLURRING, DISTORTION, ALTERATION, OPTICAL ILLUSION, OR USE IN COMPOSITE FORM, WHETHER INTENTIONAL OR OTHERWISE, THAT MAY OCCUR OR BE PRODUCED IN THE TAKING OF SAID PICTURE OR IN ANY SUBSEQUENT PROCESSING THEREOF, AS WELL AS ANY PUBLICATION OF THEM, INCLUDING WITHOUT LIMITATION ANY CLAIMS FOR LIBEL OR VIOLATION OF ANY RIGHT OF PUBLICITY OR PRIVACY.

I hereby warrant that I am a legal competent adult and a parent or legally appointed guardian of the minor, and that I have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents of it. This release shall be binding upon the minor and me, and our respective heirs, legal representatives, and assigns.

OR

LIMITED CONSENT

_____ I do not wish my child to be photographed, recorded on audio tape, videotape and/or film except for group photographs to be shared with all campers, parents/guardians, volunteers and AIDS Foundation Houston staff.

I understand that this release applies to myself and the minors of whom I am guardian:

Parent/Guardian's Signature

Date



**CAMP HOPE
CAMPER APPLICATION**

Camper's First and Last Initial:

Camper Application Continued: Completed by legal guardian

CAMPER CONFIDENTIALITY AGREEMENT

Camper's Name: _____

As a participant in Camp Hope, a program of AIDS Foundation Houston, I understand that all information regarding a person's HIV status is confidential under Texas law.

I acknowledge that I have received a copy of the "Notice of Privacy Practices" in compliance with legal statute (Texas Health Code 81:103) concerning the confidentiality of a person's HIV status, have been given the opportunity to have it explained to me in a language and format that I understand, and that I understand the confidential nature of a person's HIV status.

I agree to keep all information regarding any Camp Hope participant's HIV status confidential before, during and after Camp Hope activities in accord with Texas law.

Accordingly, I understand that the unauthorized disclosure of AIDS Foundation Houston client information or the HIV status of any individual is grounds for my immediate termination from participation in Camp Hope and could result in legal action against me.

I further understand that by signing this agreement on behalf of a minor, that I am the minor's legal guardian and accept responsibility for ensuring that the minor complies with Texas law concerning the confidentiality of a person's HIV status.

Parent/Guardian's Signature Date

Witness Date



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Camper's First and Last Initial: _____

Camper Application Continued: Completed by legal guardian

ALCOHOL AND DRUG USE POLICY

It is the intent of Camp Hope, a program of AIDS Foundation Houston, to provide a camp environment that is conducive to attaining high work standards and as free as possible of safety and health hazards, and to comply with the Drug-Free Workplace Act of 1988. This statement is to notify and remind all campers attending Camp Hope that illegal or unauthorized possession or use of drugs or alcohol is not permitted at camp. Paraphernalia and equipment related to illegal or unauthorized drug use is also prohibited.

DEFINITIONS:

- 1) Unauthorized "alcohol" means the intoxicating agent in beverage alcohol (ethanol) or other low molecular weight alcohols (including methyl and isopropyl) and includes without limitation, beer, wine and distilled liquors.
- 2) Unauthorized "drugs" or "controlled substances" mean any prescription drugs, inhalants, and other illegal, controlled, or unauthorized substances or chemicals that may cause addiction and/or affect coordination or memory.
- 3) "Possession" means having any amount of unauthorized drugs or unauthorized alcohol on one's person or belongings; or in one's vehicles, automobiles, or trucks that are on AFH premises, or are used in the course of attending camp ; or in other rooms, quarters, baggage, on AFH premises.
- 4) "Sale" means any exchange, transfer, distribution, or sharing, whether for money or otherwise.
- 5) Paraphernalia" means any device, implement, or equipment that is commonly utilized for the use of unauthorized drugs or unauthorized alcohol.
- 6) "Use" with regard to unauthorized drugs is defined as having any trace amount of unauthorized drugs in an individual's system, or physical consumption of unauthorized drugs. "Use" with regard to alcohol is defined as the physical consumption of alcohol.
- 7) "AFH premises or property" means any and all properties owned, leased or otherwise in the possession or control of AFH, including but not limited to any facilities provided by AFH to employees, volunteers or contract workers, such as closets, desks, lockers, vehicles and offices.

ACKNOWLEDGEMENT AND RELEASE:

I am aware that AFH may conduct urinalysis and breath tests to determine if my child is in violation of the policy. These tests may be used in the following situations: (a) pre-employment testing, (b) testing based on reasonable cause or suspicion, (c) after an employee has been involved in an incident or accident resulting in injury, lost work time, or property damage, (d) when a sub-contractor, contractor or third party requires the testing of AFH employees or volunteers entering their premises or worksite , (e) after an extended absence from work; and (f) in connection with the overall enforcement of this policy.

I consent to AFH or its authorized representative(s) as agent(s) to search my person, vehicle, or personal effects, and to conduct a urinalysis or breath test(s) to determine my use or possession of these illegal, controlled, or unauthorized items or substances and/or alcohol, and compliance with applicable city, state or federal requirement.

I authorize the physician, nurse, or laboratory technician who conducts the urinalysis, breath or other tests conducted pursuant this policy to release the results of my test to AFH and to me or my authorized representative on request, for the purpose of determining whether I am in violation of the AFH Drug and Alcohol Policy.

ADDITIONALLY, BY MY SIGNATURE BELOW, I CERTIFY THAT I RELEASE AND AGREE TO HOLD HARMLESS AFH, ITS OFFICERS, EMPLOYEES, AGENTS, AFFILIATES, AND INDEPENDENT CONTRACTORS, FROM ANY LIABILITY TO ME OR MY CHILD BASED ON ANY SEARCH OR DRUG TEST OR TESTING PROCESS UNDERTAKEN PURSUANT TO THE AFH POLICY ON ALCOHOL AND DRUG USE, THE RESULTS OF THE SEARCH OR TEST, OR LIMITED TO, LIABILITY BASED ON NEGLIGENCE.

PARENT / CAREGIVER:

WITNESS:

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial: _____

Behavioral Forms: Completed by social worker, case manager or legal guardian

(PLEASE COMPLETE THE SECTION BELOW FOR ALL CAMPERS):

Camper's Name: _____

Current or recent psychosocial issues of campers/family (ie. Living situations, current deaths/illnesses in family, recent traumas) that are relevant for camp psychosocial team to be aware of:

BEHAVIORAL INFORMATION (Please complete along with hospital staff) Below are a list of questions to help the camp staff provide quality care to your child/children. Complete and accurate information will inform counselors and staff and insure a better, safer camper experience.				
Has the child attended Camp Hope before?	YES	NO		
Does the child sleep walk?	YES	NO		
Does the child have serious fears or nightmares?	YES	NO		
If yes, please describe:				
Does the child wet the bed?	YES	NO		
If yes, please describe:				
Does the child get in trouble at school? (Fights, hitting other children)	YES	NO		
Has the child slept over at a friend's house?	YES	NO		
Has a friend wanted to sleep over at the child's house?	YES	NO		
Does the child have primarily younger playmates?	YES	NO		
Would you consider your child a loner?	YES	NO		
Has the child ever hurt themselves or others intentionally?	YES	NO		
If yes, please describe the child's behavior:				
Has the child ever run away?	YES	NO		
If yes, please describe:				
BEHAVIOR	NEVER	SOMETIMES	MOST OF THE TIME	ALWAYS
Easily distracted				
Has trouble waiting				
Has trouble following instructions				
Talks incessantly/excessively				
Does not seem to listen				
Engages in risky behavior				
If more than never, please describe:				



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial:

Behavioral Forms Continued: Completed by social worker, case manager or legal guardian

Describe the home situation from which the camper comes from (check all that apply):	Describe where the camper is in school:		
<input type="checkbox"/> Biological family	<input type="checkbox"/> Mainstream classroom		
<input type="checkbox"/> A deceased parent (if so which parent)	<input type="checkbox"/> Mainstream classroom with 1-1		
<input type="checkbox"/> Both parents deceased	<input type="checkbox"/> Mainstream with resource room help		
<input type="checkbox"/> Adoptive family	<input type="checkbox"/> Large class but team taught with special ed teacher		
<input type="checkbox"/> Grandparents	<input type="checkbox"/> Small special ed class for educational issues		
<input type="checkbox"/> Aunts or uncles	<input type="checkbox"/> Small special ed class for educational/behavioral issues		
<input type="checkbox"/> Foster children	<input type="checkbox"/> Home School		
<input type="checkbox"/> Residential setting	<input type="checkbox"/> Private school – regular or special		
<input type="checkbox"/> Alcohol/drug addicted parents – still active			
<input type="checkbox"/> Alcohol/drug addicted parent – recovering			
<input type="checkbox"/> Incarcerated parents – present			
<input type="checkbox"/> Incarcerated parents – past			
<input type="checkbox"/> Receives food stamps/free lunch			
Please check all that apply (to be completed by hospital staff)			
<input type="checkbox"/> Depressive Disorder	<input type="checkbox"/> Cutting or self-mutilation	<input type="checkbox"/> Non-verbal/ stim behaviors(hitting self, knocking head against the wall)	<input type="checkbox"/> Eating disorder If yes please describe:
<input type="checkbox"/> Cognitively delayed	<input type="checkbox"/> Rage/anger outbursts	<input type="checkbox"/> Non-compliant behaviors Describe:	<input type="checkbox"/> Manipulative behaviors Describe:
<input type="checkbox"/> Sleep problems/disorders	<input type="checkbox"/> Reactive attachment disorder	<input type="checkbox"/> Autism	<input type="checkbox"/> Bipolar
<input type="checkbox"/> Suicidal ideation	<input type="checkbox"/> HIV medical non compliance	<input type="checkbox"/> Wandering	<input type="checkbox"/> Not able to use words when upset
<input type="checkbox"/> Psychotic thoughts	<input type="checkbox"/> ADD & ADHD	<input type="checkbox"/> Other	



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial:

Behavioral Forms Continued: Completed by social worker, case manager or legal guardian

How does the camper get disciplined at home? And by whom?
Is the camper receiving any therapeutic services? If so, what?
Is the camper on psychiatric medication? Which drugs and for what?
What has the child been told about his/her HIV diagnosis?
Does the child have any HIV medication adherence issues? If so, please explain.

*Please note that campers over the age of 13 that are aware of their status will participate in education sessions called "Teen Talk". Campers who are over 13 & are not aware of their status will participate in an alternate activity during Teen Talk.

Initial _____

To be completed by Social Worker/Case Manager:

Social worker/case manager's name: _____ Email: _____
Address: _____ Home Phone # (_____) _____
City: _____ State: _____ Zip Code: _____
Home phone: (_____) _____ Work: (_____) _____ Mobile: (_____) _____
Location of care: _____



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial: _____

Medical Forms: Completed by medical provider

MEDICAL RELEASE FORM

Camper's Name (Print full name) _____

All basic medical care will be rendered at camp free of charge. In case of emergency, the information below will be needed for emergency room or hospital care and you may be financially responsible for this. You will be contacted as soon as possible should this occur.

Medicaid #:	CIDC#:
Private Insurance Company Name:	Group #:
Insurance Co. Phone #: ()	
Attach a copy of front AND back of child's insurance card. _____*copy attached	

Name of physician that cares for your child's HIV condition: _____

Office address: _____

Office phone: () _____ Emergency phone: () _____

In reference to the above camper participating in Camp Hope, I grant permission to the medical staff of AIDS Foundation Houston, Children's Medical Center (Dallas), University of Texas Medical Branch (Galveston), University of Texas Health Science Center (Houston), Texas Children's Hospital (Houston), Cook Children's Health Care System (Ft. Worth), University of Louisiana Monroe, The University of Mississippi Medical Center, Broward Health (Ft. Lauderdale), University of Arkansas for Medical Sciences and all other participating institutions and their professional staff, employees, volunteers, and medical staff.

- To apply individualized camper assessments, based on history and physical examinations, appropriate supportive care, and treatment plans for any acute and chronic medical problems.
- To administer prescribed medications, as documented on Camper Application Form and any other therapy that would be indicated and available for prevention and/or treatment of any medical problems, depending on each case as determined by the medical staff.
- In cases of emergency, to perform and provide access to medical and surgical emergency services, that may include transport to a medical facility off the campgrounds, as determined by the medical director.
- To apply all of the above and the standards of medical care and safety during the bus transportation to and from camp, and during any events associated with Camp Hope.
- I understand that I am responsible for sending all my camper's medications with him/her to camp.
- I understand that my camper will be asked to leave for misconduct and breaking any camp rules or regulations, and that I will be notified to make immediate arrangements to pick up him/her if this occurs.
- I understand that my camper's participation in Camp Hope is voluntary. I also agree that in the event of any injuries to my camper



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial:

from my participation in any Camp Hope activities, I will not hold responsible the AIDS Foundation Houston, Children's Medical Center (Dallas), University of Texas Medical Branch (Galveston), University of Texas Health Science Center (Houston), Texas Children's Hospital (Houston), Cook Children's Health Care System (Ft. Worth), University of Louisiana Monroe, University of Mississippi Medical Center, Broward Health (Ft. Lauderdale), University of Arkansas for Medical Sciences, LSU Health Baton Rouge, LSU/Tulane in New Orleans and all other participating institutions and their professional staff, employees, volunteers, and medical staff . My signature below acknowledges my voluntary authorization for my camper's participation in any and all activities at Camp Hope.

By signing this form, I (we) understand and consent to all of the above.

PARENT/CAREGIVER:

WITNESS:

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

NOTE: This release will be in effect for twelve (12) months from the above date.



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial:

Privacy Forms: Agency Copy

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

AIDS Foundation Houston has developed this Notice of Privacy Practices ("Notice") to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA was enacted by Congress to establish standards for protecting the confidentiality and security of your health information.

Purpose

Camp Hope, a program of AIDS Foundation Houston, which includes AIDS Foundation Houston, Children's Medical Center (Dallas), University of Texas Medical Branch (Galveston), University of Texas Health Science Center (Houston), Texas Children's Hospital (Houston), Cook Children's Health Care System (Ft. Worth), University of Louisiana Monroe, LSU Health Baton Rouge, LSU/Tulane in New Orleans, The University of Mississippi Medical Center, Broward Health (Ft. Lauderdale), University of Arkansas for Medical Sciences and all other participating institutions and their professional staff, employees, volunteers, and medical staff follow the privacy practices described in this Notice. This Notice describes the general ways your and/or your child's protected health information may be used and disclosed in order for Camp Hope to provide you or your child with medical treatment, to collect payment for the services rendered to you or your child by Camp Hope and to facilitate Camp Hope health care operations. Protected health information, as defined by HIPAA, means your personal health information which is found in your medical and billing records and which relates to your past, present, or future physical or mental health conditions or the provision of payment for services related to those health conditions. During the course of treatment, payment and health care operations activities, this may include information created or received by health care providers, insurance companies, and/or your employer.

Your Health Information Rights

As a patient receiving health care at Camp Hope, you have the following rights regarding your or your child's health information. To exercise any of the following rights, you must submit a written request on a form provided by AIDS Foundation Houston and Camp Hope.

- **Right to a copy of this Notice.** You will receive a paper copy of this Notice. If for any reason you do not receive a copy of this Notice, please notify AIDS Foundation Houston staff to request one be sent to you.
- **Right to inspect and copy.** You have the right to inspect and/or receive a copy of your or your child's protected health information maintained by AIDS Foundation Houston.
- **Right to request amendment.** If you believe that your and/or your child's protected health information maintained by AIDS Foundation Houston is incorrect or incomplete, you may request an amendment to you or your child's information. AIDS Foundation Houston is not required to accept your amendment.
- **Right to request restriction.** You may request limitations on how AIDS Foundation Houston uses and/or discloses you or your child's protected health information. For example, you may ask us to disclose that you or your child has had a particular surgery. AIDS Foundation Houston is not required to agree to your request. If AIDS Foundation Houston agrees to your request, AIDS Foundation Houston will comply with your request unless the use of disclosure is necessary in order to provide you or your child with emergency treatment or is otherwise required by law.
- **Right to receive confidential communications.** You may request that communications from AIDS Foundation Houston regarding your protected health information and/or that of your child be provided to you in a certain way or at a certain location. For example, you may prefer to get mail regarding your protected health information at an address other than your usual mailing address. You must specify how or where you wish to be contacted.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your and/or your child's protected health information made by AIDS Foundation Houston to persons or entities other than for the purposes of health care treatment, payment or operations or pursuant to your specific authorization. This list will contain each disclosure AIDS Foundation Houston has made for the past six (6) years, but not prior to April 14, 2003. If you make more than one request in a 12-month period, AIDS Foundation Houston may charge you a reasonable fee to cover costs.



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Camper's First and Last Initial:

Privacy Forms: Agency Copy

Camp Hope Responsibilities

Camp Hope is required by law to:

- Make sure that protected health information that identifies you or your child is kept private in accordance with federal and state law; and
 - Provide you with this notice of Camp Hope legal duties and privacy practices with respect to your protected health information or that of your child's; and
 - Follow the terms of this Notice as long as it is in effect. If Camp Hope revises this Notice, Camp Hope will follow the terms of the revised Notice as long as it is in effect.
 - Use and Disclosure of Your Protected Health Information
 - The following is a list of ways that Camp Hope may use and disclose your protected health information or that of your child's. Each boldfaced section provides you with examples of how your information or that of your child's will be used and/or disclosed. Not every possible use or disclosure in any given section is listed. However, all of the ways Camp Hope is permitted to use and disclose information will fall within one of the bold-faced print sections below.
- **Treatment.** Camp Hope may use your protected health information or that of your child to provide you or your child with medical treatment or services. Camp Hope may disclose your protected health information or that of your child to doctors, nurses, technicians, medical students or other members of the health care team at Camp Hope. For example, a doctor treating you or your child for diabetes may need to inform the nutritionist of the condition so that appropriate meals can be arranged. Camp Hope also may disclose your protected health information or that of your child to people outside Camp Hope who may be involved in medical care administered to you or your child, such as health care professionals who provide follow up care after hospitalization, physical therapy organizations, medical equipment suppliers, or laboratories.
 - **Health Care Operations.** Camp Hope may use and disclose your protected health information and that of your child's for routine health care operations. Health care operations at Camp Hope include but are not limited to, reviewing the quality of care provided by health care professionals; obtaining health insurance or stop-gap insurance; conducting legal services and auditing services; conducting business planning and development activities; risk management activities and investigations; and managing the business and general administrative activities of Camp Hope. Camp Hope may also disclose your protected health information and that of your child's to our other health providers to assist them in their health care operations.
 - **Coroners, Medical Examiners, and Funeral Directors.** Camp Hope may disclose protected health information to a coroner or medical examiner to identify a deceased person or to determine the cause of death, or as otherwise permitted by law. Camp Hope may also disclose protected health information about a participant of Camp Hope to funeral directors as necessary to carry out their duties.
 - **Individuals Involved in Your Care or Payment for Your Care.** Camp Hope may disclose your protected health information and/or that of your child to a family member, other relative or close friend who is involved in your or your child's medical care. If the protected health information disclosed will be directly relevant to such person's involvement with your care or that of the child, unless you tell us otherwise. Camp Hope also may disclose information to someone who helps pay for your care or the care of your child.
 - **Law Enforcement.** Camp Hope may disclose your protected health information and/or that of your child for law enforcement purposes, as required by law or in response to a valid subpoena.
 - **Lawsuits and Disputes.** Camp Hope may disclose your protected health information and/or that of your child in response to a court or administrative order. In addition, Camp Hope may disclose your protected health information or that of your child's in response to a valid subpoena, discovery request, or other lawful processes provided that efforts have been made to tell you about the request or to obtain an order protecting the information requested, as required by law.
 - **Public Health Activities.** As required by law, Camp Hope may disclose your protected health information or that of your child for public health activities, including, but not limited to, the prevention of disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notifications of recalls; infectious diseases control; notifying government authorities of suspected abuse, neglect or domestic violence. For example, Camp Hope may disclose portions of your protected health information or that of your child to local, state, and /or federal registry programs, such as the Houston/Harris County Immunization Registry, for monitoring health care systems and government programs.



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial:

Privacy Forms: Agency Copy

- **Serious Threat to Health or Safety.** Camp Hope may use and disclose your protected information or that of your child when Camp Hope deems it necessary to prevent a serious threat to your health and safety or that of your child's or the health and safety of the public or another person's.
- **Worker's Compensation.** Camp Hope may disclose your protected health information or that of your child to worker's compensation or similar programs to the extent necessary to comply with laws relating to worker's compensation or similar programs.
- **Written Authorization.** Except as described above, Camp Hope will not use or disclose any protected health information or that of your child unless you authorize such disclosure to Camp Hope in writing, on a form provided by Camp Hope. You may revoke such authorization by providing a written Revocation of Authorization form to Camp Hope.

A written revocation will not apply to any previous use or disclosure of protected health information made in good faith under a prior authorization. AIDS Foundation Houston has an Authorization Form and a Revocation of Authorization form available for your use.

Changes to this Notice

AIDS Foundation Houston reserves the right to change this Notice from time to time. AIDS Foundation Houston reserves the right to make the revised Notice "in effect" for the protected health information AIDS Foundation Houston already has about you and/or your child as well as any information AIDS Foundation Houston receives in the future. A copy of the current Notice or a summary of the current Notice will be posted at the health center throughout Camp Hope. The effective date of the Notice will appear on the first page of Notice or summary. In addition, each time you register yourself or your child to participate in Camp Hope, a copy of the current Notice will be provided to you.

Complaints

If you believe your privacy rights or those of your child have been violated, you may file a complaint with AIDS Foundation Houston or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to AIDS Foundation Houston or the United States Department of Health and Human Services.

If you wish to file a complaint with the secretary of the United States Department of Health and Human Services, you may write to:

US Department of Health and Human Services (DHHS)
200 Independence Ave. S.W.,
Washington, D.C. 20201
hhs@mail.os.DDHS.gov

Contact

If you have questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described above, you may contact

AIDS Foundation Houston at:
AIDS Foundation Houston
6260 Westpark, Suite #100
Houston, TX 77057
ATTN: Camp Hope

I have read and received a copy of this Notice.

Parent/Guardian's Signature

Date



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial: _____

CAMP FOR ALL FOUNDATION CAMP RELEASE FORM

This agreement must be read and signed for you/your child to be eligible to attend Camp Hope at Camp For All.

Your/Your Child's Name: _____

PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Camp Hope and its activities at Camp For All is completely voluntary. I have familiarized myself with Camp Hope program and activities at Camp For All in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, riflery and canoeing. I acknowledge that although Camp Hope and Camp For All have taken safety measures to minimize the risk of injury to camp participants, Camp Hope and Camp For All cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Hope at Camp For All. Further, I have received approval from a doctor authorizing me/my child to participate in the Camp Hope activities at Camp For All. I also agree to inform _____ of any activities in which I/my child may not participate.

LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp Hope and Camp For All, and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at Camp Hope at Camp For All.

MEDIA RELEASE

I hereby give Camp Hope and Camp For All the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Camp Hope and Camp For All shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Camp Hope or Camp For All shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp Hope and Camp For All and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Camp Hope and Camp For All. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

X _____
Parent/Guardian/Self Signature

Date

Printed Name

Address City State



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial:

Privacy Forms: Client Copy

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

AIDS Foundation Houston has developed this Notice of Privacy Practices ("Notice") to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA was enacted by Congress to establish standards for protecting the confidentiality and security of your health information.

Purpose

Camp Hope, a program of AIDS Foundation Houston, which includes AIDS Foundation Houston, Children's Medical Center (Dallas), University of Texas Medical Branch (Galveston), University of Texas Health Science Center (Houston), Texas Children's Hospital (Houston), Cook Children's Health Care System (Ft. Worth), University of Louisiana Monroe, The University of Mississippi Medical Center, Broward Health (Ft. Lauderdale), University of Arkansas for Medical Sciences and all other participating institutions and their professional staff, employees, volunteers, and medical staff follow the privacy practices described in this Notice. This Notice describes the general ways your and/or your child's protected health information may be used and disclosed in order for Camp Hope to provide you or your child with medical treatment, to collect payment for the services rendered to you or your child by Camp Hope and to facilitate Camp Hope health care operations. Protected health information, as defined by HIPAA, means your personal health information

which is found in your medical and billing records and which relates to your past, present, or future physical or mental health conditions or the provision of payment for services related to those health conditions. During the course of treatment, payment and health care operations activities, this may include information created or received by health care providers, insurance companies, and/or your employer.

Your Health Information Rights

As a patient receiving health care at Camp Hope, you have the following rights regarding your or your child's health information. To exercise any of the following rights, you must submit a written request on a form provided by AIDS Foundation Houston and Camp Hope.

- **Right to a copy of this Notice.** You will receive a paper copy of this Notice. If for any reason you do not receive a copy of this Notice, please notify AIDS Foundation Houston staff to request one be sent to you.
- **Right to inspect and copy.** You have the right to inspect and/or receive a copy of your or your child's protected health information maintained by AIDS Foundation Houston.
- **Right to request amendment.** If you believe that your and/or your child's protected health information maintained by AIDS Foundation Houston is incorrect or incomplete, you may request an amendment to you or your child's information. AIDS Foundation Houston is not required to accept your amendment.
- **Right to request restriction.** You may request limitations on how AIDS Foundation Houston uses and/or discloses you or your child's protected health information. For example, you may ask us to disclose that you or your child has had a particular surgery. AIDS Foundation Houston is not required to agree to your request. If AIDS Foundation Houston agrees to your request, AIDS Foundation Houston will comply with your request unless the use of disclosure is necessary in order to provide you or your child with emergency treatment or is otherwise required by law.
- **Right to receive confidential communications.** You may request that communications from AIDS Foundation Houston regarding your protected health information and/or that of your child be provided to you in a certain way or at a certain location. For example, you may prefer to get mail regarding your protected health information at an address other than your usual mailing address. You must specify how or where you wish to be contacted.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your and/or your child's protected health information made by AIDS Foundation Houston to persons or entities other than for the purposes of health care treatment, payment or operations or pursuant to your specific authorization. This list will contain each disclosure AIDS Foundation Houston has made for the past six (6) years, but not prior to April 14, 2003. If you make more than one request in a 12-month period, AIDS Foundation Houston may charge you a reasonable fee to cover costs.



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial:

Privacy Forms: Client Copy

Camp Hope Responsibilities

Camp Hope is required by law to:

- Make sure that protected health information that identifies you or your child is kept private in accordance with federal and state law; and
- Provide you with this notice of Camp Hope legal duties and privacy practices with respect to your protected health information or that of your child's; and
- Follow the terms of this Notice as long as it is in effect. If Camp Hope revises this Notice, Camp Hope will follow the terms of the revised Notice as long as it is in effect.
- Use and Disclosure of Your Protected Health Information
- The following is a list of ways that Camp Hope may use and disclose your protected health information or that of your child's. Each boldfaced section provides you with examples of how your information or that of your child's will be used and/or disclosed. Not every possible use or disclosure in any given section is listed. However, all of the ways Camp Hope is permitted to use and disclose information will fall within one of the bold-faced print sections below.
 - **Treatment.** Camp Hope may use your protected health information or that of your child to provide you or your child with medical treatment or services. Camp Hope may disclose your protected health information or that of your child to doctors, nurses, technicians, medical students or other members of the health care team at Camp Hope. For example, a doctor treating you or your child for diabetes may need to inform the nutritionist of the condition so that appropriate meals can be arranged. Camp Hope also may disclose your protected health information or that of your child to people outside Camp Hope who may be involved in medical care administered to you or your child, such as health care professionals who provide follow up care after hospitalization, physical therapy organizations, medical equipment suppliers, or laboratories.
 - **Health Care Operations.** Camp Hope may use and disclose your protected health information and that of your child's for routine health care operations. Health care operations at Camp Hope include but are not limited to, reviewing the quality of care provided by health care professionals; obtaining health insurance or stop-gap insurance; conducting legal services and auditing services; conducting business planning and development activities; risk management activities and investigations; and managing the business and general administrative activities of Camp Hope. Camp Hope may also disclose your protected health information and that of your child's to our other health providers to assist them in their health care operations.
 - **Coroners, Medical Examiners, and Funeral Directors.** Camp Hope may disclose protected health information to a coroner or medical examiner to identify a deceased person or to determine the cause of death, or as otherwise permitted by law. Camp Hope may also disclose protected health information about a participant of Camp Hope to funeral directors as necessary to carry out their duties.
 - **Individuals Involved in Your Care or Payment for Your Care.** Camp Hope may disclose your protected health information and/or that of your child to a family member, other relative or close friend who is involved in your or your child's medical care. If the protected health information disclosed will be directly relevant to such person's involvement with your care or that of the child, unless you tell us otherwise. Camp Hope also may disclose information to someone who helps pay for your care or the care of your child.
 - **Law Enforcement.** Camp Hope may disclose your protected health information and/or that of your child for law enforcement purposes, as required by law or in response to a valid subpoena.
 - **Lawsuits and Disputes.** Camp Hope may disclose your protected health information and/or that of your child in response to a court or administrative order. In addition, Camp Hope may disclose your protected health information or that of your child's in response to a valid subpoena, discovery request, or other lawful processes provided that efforts have been made to tell you about the request or to obtain an order protecting the information requested, as required by law.
 - **Public Health Activities.** As required by law, Camp Hope may disclose your protected health information or that of your child for public health activities, including, but not limited to, the prevention of disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notifications of recalls; infectious diseases control; notifying government authorities of suspected abuse, neglect or domestic violence. For example, Camp Hope may disclose portions of your protected health information or that of your child to local, state, and /or federal registry programs, such as the Houston/Harris County Immunization Registry, for monitoring health care systems and government programs.



CAMP HOPE CAMPER APPLICATION

Camper's First and Last Initial:

Privacy Forms: Client Copy

- **Serious Threat to Health or Safety.** Camp Hope may use and disclose your protected information or that of your child when Camp Hope deems it necessary to prevent a serious threat to your health and safety or that of your child's or the health and safety of the public or another person's.
- **Worker's Compensation.** Camp Hope may disclose your protected health information or that of your child to worker's compensation or similar programs to the extent necessary to comply with laws relating to worker's compensation or similar programs.
- **Written Authorization.** Except as described above, Camp Hope will not use or disclose any protected health information or that of your child unless you authorize such disclosure to Camp Hope in writing, on a form provided by Camp Hope. You may revoke such authorization by providing a written Revocation of Authorization form to Camp Hope.

A written revocation will not apply to any previous use or disclosure of protected health information made in good faith under a prior authorization. AIDS Foundation Houston has an Authorization Form and a Revocation of Authorization form available for your use.

Changes to this Notice

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Complaints

If you believe your privacy rights or those of your child have been violated, you may file a complaint with AIDS Foundation Houston or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to AIDS Foundation Houston or the United States Department of Health and Human Services.

If you wish to file a complaint with the secretary of the United States Department of Health and Human Services, you may write to:

US Department of Health and Human Services (DHHS)
200 Independence Ave. S.W,
Washington, D.C. 20201
hhs@mail.os.DDHS.gov

Contact

If you have questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described above, you may contact

AIDS Foundation Houston at:
AIDS Foundation Houston
6260 Westpark, Suite #100
Houston, TX 77057
ATTN: Camp Hope

I have read and received a copy of this Notice.

Parent/Guardian's Signature

Date