

This Notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”). It is designed to inform you how we may use or disclose your child’s Health Information.

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I. We May Use or Disclose Your Child’s Health Information for Purposes of Treatment, Healthcare Operations, or Business Functions.

The Mill Road Day Camp Health Department and its Administrative and Professional staff will have access to your child’s health information based on our determination of what is needed to be known by staff members. Our staff may send, mail, or fax your child’s health records to/from other health care providers for the purpose of providing a continuum of care. We may access or send your child’s health information to our attorneys or insurance providers in order to address one of our business functions. We will make reasonable efforts to limit the Health Information we use or disclose to the “minimum necessary” to accomplish these stated purposes.

II. We May also Use or Disclose Your Child’s Health Information Under the Following Circumstances without Obtaining Your Prior Authorization:

to notify and/or communicate with your Family or Emergency Contact in what we feel is a health care or emergency situation;

you are not present (or your agreement cannot be obtained because of incapacity or an emergency circumstance) and the disclosure is in the best interests of your child in which case we will only disclose that amount which is directly relevant to the particular family member or friend’s involvement with your child’s care;

a public or private entity (e.g. the Red Cross)) requires the Health Information to assist in disaster relief efforts for the purpose of notifying your family, personal representative or someone else responsible for your child’s care;

we need to use or disclose your child’s Health information to notify your family or emergency contact, or someone else involved in your child’s care of your child’s location or general condition

III. For Public Health Activities: We may use or disclose your child’s Health Information to provide information to the New Jersey Department of Health and Senior Services and/or other State or Federal Public Health authorities, as required by law, to prevent or control disease, injury or disability; to report child abuse or neglect; to report adult abuse, neglect or domestic violence; to report to persons subject to the Food and Drug Administration information relating to products and/or adverse reactions to medications; and to report disease or infection exposure as required by law to conduct a public health intervention or investigation.

IV. In Response to Subpoenas or for Judicial and Administrative Proceedings: We may use or disclose your child’s Health Information in response to a court order. We will require an attorney requesting your child’s Health Information to satisfy us that you have been made aware of the request for your child’s Health Information prior to providing it to them.

V. To Law Enforcement Personnel. We may disclose your child’s Health Information to a law enforcement official in response to an officer’s request for information, to identify or locate a suspect, fugitive, material witness or missing person, or to comply with a court order or subpoena issued by a judicial officer, a grand jury or other administrative tribunal. If your child is suspected to be the victim of a crime, we may also disclose your child’s Health Information in response to a law enforcement officer’s request, but only if you agree or we are unable to obtain your agreement because of emergency circumstances and the law enforcement official presents information that the disclosure is necessary to determine that someone else is the perpetrator of the crime. We may disclose also your child’s Health Information if we believe it constitutes evidence of criminal conduct that occurred on our premises.

VI. For Public Safety. We may use or disclose your child’s Health Information in order to prevent or lessen a serious and/or imminent threat to the health or safety of a particular person, or the general camp population or public.

Please sign and date below to acknowledge that you understand how we may use Medical Information:

Child’s Name(print): _____ **Parents Signature:** _____

Date: _____