I. Purpose: The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called “protected health information” or “PHI”. Camp No Worries representatives must use and disclose your medical information to the extent necessary to provide you with quality health care. Camp No Worries medical providers, professional staff, and volunteers follow the privacy practices described in this Notice of Privacy Practices (“Notice”). Your medical information is maintained in records that will be handled in a confidential manner, as required by law. We understand that health information about summer camp participants is personal and we are committed to protecting this information. In this Notice, we describe the ways we may create, receive, maintain and transmit PHI about our summer camp participants. This Notice also describes your rights and our obligations regarding the use and disclosure of PHI.

II. Our Commitment to Protect Your PHI: We are required by law to:

- Make every effort to maintain the privacy of PHI about you.
- Give you this Notice of our legal duties and privacy practices with respect to PHI we maintain about you.
- Comply with the terms of this Notice.
- Notify you if we are unable to agree to a requested restriction about your PHI.
- To the extent required by law, notify you, and the United States Department of Health and Human Services (as applicable), of any unauthorized acquisition, access, use or disclosure of unsecured PHI about you that then presents a significant risk of financial, reputational or other harm. “Unsecured PHI” means PHI about you not secured by technology that renders the PHI unusable, unreadable, or indecipherable (e.g., encryption).

As permitted by the HIPAA Privacy Rule, we reserve the right to change our privacy practices and the terms of this Notice at any time, as allowed by applicable law, rules and regulations. We reserve the right to make the changes in our privacy practices and the additional terms of our Notice effective for all personal and health information that we maintain, including all PHI we may already have about you. When this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your next participation in our summer camp program or upon your request to our Policy and Compliance Officer.

III. What Are Treatment, Payment, and Health Care Operations? Treatment includes sharing PHI among health care providers involved in your care. For example, your treatment provider may share PHI about your condition with other treatment providers in clinic and hospital settings to make a diagnosis or to improve the quality of care or for review and training purposes, or to coordinate and manage your health care and related services. For example, we may use your PHI when you need a prescription, lab work or x-ray. In emergencies, we may use and disclose PHI to provide you with the treatment you need. In addition, we also may use your medical information as required by your insurer to obtain payment for your treatment.

IV. What Are Other Ways Your Medical Information May Be Used? Your PHI may be used, unless you ask for restrictions on a specific use of disclosure, for the following purposes:

- To inform you of treatment alternatives, benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
- To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.
- To obtain payment from insurance companies or administrators for claims for health care services or to provide eligibility information to your health care provider when you receive treatment.
- Sharing information with a family member, friend or other person, for helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your consent.
• Worker’s Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
• Health oversight activities, e.g., audits, inspections, investigations, and licensure.
• Sharing information with a coroner, medical examiner, or funeral director about a deceased person.
• To prevent a serious and imminent threat to your health or safety or the health or safety of others.
• Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; circumstances relating to reporting information about a crime).
• Disaster relief agency if injured in a disaster.
• National security and intelligence activities.
• Lawsuits and disputes. (We will attempt to provide you notice of a subpoena before disclosing the information.)
• As required by federal, state or local law.
• To the appropriate authorities, if we have reason to believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.
• If you are an organ donor, to organizations for procurement, banking or transplantation of organs, eyes, or tissue.
• Under certain limited circumstances, and if we have a written authorization from you, for research purposes.

V. Your Authorization Is Required for Other Disclosures. Except as described above, we will not use or disclose your medical information unless you authorize us in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

VI. You Have Rights Regarding Your Medical Information. Under federal law, you have the following rights regarding your medical information, if you make a written request to invoke the right.

- **Right to request restrictions.** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to your request unless such request involves information needed to provide you with emergency services or a request to restrict disclosure of PHI to your health plan for specific health care services and you pay out of pocket in full for the applicable health care services. If we agree to your request, we are required to comply with our agreement (except in a need for your emergency treatment). You may submit this request in writing using the contact information listed at the end of this Notice.

- **Right to confidential communications.** You have the right to request that we communicate with you in confidence regarding your PHI by alternate means or location. Your request must be made in writing and must specify how or where we are to contact you. We are required to accommodate only reasonable requests.

- **Right to access.** You have the right to review or obtain copies of your PHI, with certain exceptions. Your request must be made in writing to our Policy and Compliance Officer using the contact information listed at the end of this Notice. We will respond to your request within 30 days.

- **Right to request amendment.** You have the right to request that we amend PHI about you if such information is kept by or at Camp No Worries’ office. Your request must be in writing and it must explain why the information should be amended. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request. You may submit your request in writing to our Policy and Compliance Officer using the contact information listed at the end of this Notice.

- **Right to accounting disclosures.** You have the right to request an “accounting” of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to 6 years, other than disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, correctional and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you. If you wish to make such a request, please contact our Policy and Compliance Officer using the contact information listed at the end of this Notice.

- **Right to refuse marketing/sale of PHI.** You have the right to refuse the sale of your PHI or to refuse any use or disclosure of your PHI for marketing purposes. In general, the sale of PHI or the use and disclosure of PHI for marketing
purposes may only be done with your specific, written authorization. To the extent a marketing communication involves remuneration to Camp No Worries we must disclose that we will receive such remuneration in the authorization requested from you. Under the HIPAA Privacy Rule, marketing does not include face-to-face communications with you about Camp No Worries or promotional gifts of nominal value.

- **Right to a copy of this Notice.** You have the right to receive a copy of this Notice at any time, even if you have been provided with an electronic copy. To obtain a paper copy of this Notice, please contact our Policy and Compliance Officer using the contact information listed at the end of this Notice.

**VII. Requirements Regarding This Notice.** Camp No Worries' medical providers are required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. We may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future. Each time you register, you may receive a copy of this Notice in effect at the time.

**VIII. Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Policy and Compliance Officer for Camp No Worries as listed below, or with the Office for Civil Rights, United States Department of Health and Human Services at (866) 627-7748. Your complaint must be filed within 180 days of when you knew, or should have known, that the alleged violation occurred. All complaints should be submitted in writing. You will not be penalized or retaliated against in any way for making a complaint to these organizations.

If you need additional copies of this Notice, want to report a violation of this Notice, or to receive more information about our privacy practices or your rights, please contact us at the following Contact Officer:

**Policy and Compliance Officer:**
Teri Norton  
Telephone: 856-359-4493  
Address: Camp No Worries  
P.O. Box 810  
Moorestown, NJ 08057