

# China Spring Youth Camp

## Placement Packet

SECTION TO BE PROVIDED TO

**PARENTS/LEGAL GUARDIANS**

UPDATED January 2017

We have been informed your child was committed to China Spring Youth Camp. In an effort to facilitate the intake process, we are requesting the following documents be completed and given to your child's probation officer prior to his/her arrival.

We understand this may be the first time your child will be away from home for an extended period of time. Because of this, we understand you may have concerns about what we do at China Spring. Before asking for detailed information about your child, let us take a minute to explain what the China Spring program is about and what you and your child can expect.

China Spring Youth Camp is a minimum six-month placement. We are dedicated to helping mid-level offenders between the ages of 12 and 18 develop skills, knowledge and experience to promote health and resiliency, stop the progression of problems caused by delinquent behavior, interpret, and avoid high-risk behavior patterns in an emotionally safe, comforting, challenging and nurturing environment.

We have no bars on the windows or locks on the doors. We do have alarms and security policies, but our philosophy is one of honor, trust and accountability. We are dedicated to helping your child define whom they are and what they will do when released. We provide structure and programs to help your child become a productive member of your family and community.

The staff is available to assist you and your child. The Case Manager is the person who is responsible for your child's coordination of treatment and your child will be assigned a Case Manager upon arrival. The Case Manager is the staff with whom you will have the most contact. The Case Manager and staff have a real concern for the welfare of your child, but under no circumstances will they accept inappropriate behavior. Their job is to teach your child to become a more responsible person. They will expect your child to act responsibly and will not accept excuses for irresponsible behavior.

The following is a list of services and programing provided by the camp:

- Medical Services  
Your child will receive medical and dental care deemed to be in his/her best interest and directed by our facility nurse and/or doctor. You may be billed for services from medical entities who provide service to your child. If, at any time, your child feels ill, s/he should notify a staff member. They will immediately help your child with minor problems and initiate a referral to the facility nurse. The facility nurse handles minor medical requests twice weekly. In the event your child needs more serious attention, we will refer him/her to the facility's doctor. In all cases, when a referral is made to a medical doctor, you will be notified and will be asked to provide transportation to a medical doctor of your choosing. If it is an emergency, or you are not physically able to transport your child to a physician of your choosing, the facility may provide transportation. For this reason, the attached medical information sheet must be filled out in its entirety. Please be advised Medicaid does not cover any medical expenses while your child is at China Spring. Any medical bills sent to you by medical personnel will be your responsibility to pay in full. All prescriptions will be filled at the Walmart Pharmacy.
- Educational Program  
Your child will be required to participate in an educational program as part of his/her individual treatment plan. The educational program is operated by the Douglas County School District through Jacobsen High School. Credits your child earns will be transferable to the school s/he attends after leaving the facility. The Jacobsen High School staff with input from your child's Case Manager will develop educational goals. Your child will be taking a placement test upon his/her arrival into the facility. This test along with a review of your child's past school history, the completion of a personal interview with your child, your input, and your child's input will be used to formulate the most appropriate educational plan.
- Wilderness Program

Your child may be involved with the wilderness program. The Wilderness Program includes activities such as hiking, camping, fishing, rafting, trail construction, snow shoeing, and cross-country skiing.

- **Youth Development System**

The basic program of the facility, called the Youth Development System, is based upon psychosocial principles of adolescent growth. Unlike behavior modification and token economy systems, which rely on rewards and punishments to modify behavior, the Youth Development System is designed to help your child learn, grow, and experience progress. As such, the Youth Development System is directed at achieving positive changes in your child's attitudes, values, thinking processes, as well as behavior.

The China Spring Youth Camp utilizes a system for tracking your child's progress throughout the Youth Development System program, which is divided into four stages. The stages are designed to provide structure, guidance, support and feedback concerning your child's behavior and progress in the program. It is designed to grant increased responsibilities and privileges, maintain motivation and increase self-esteem as your child progresses through the program and toward his/her eventual return to the community.

#### **Orientation Stage**

This stage is also known as the "Reluctant Beginner." It is expected that your child will remain in Orientation Stage approximately 30 to 45 days. This stage is to help your child adjust to the routine of the program policies and procedures, are acquainted with staff and residents, and feel like s/he is part of the China Spring Youth Camp. Upon completion of the Orientation Stage, your child will know the program expectations well enough to function independently and be motivated to attain higher levels of program responsibility.

It is important to note while your child is in Orientation Stage you will not have any phone contact or visits until s/he has been here for 30 days. However, your child is encouraged to write letters to family and is able to receive letters as early as his/her first day in the facility.

#### **Adjustment Stage**

Residents in this stage are referred to as "Enthusiastic Learners". Your child will spend the most time at this stage. The majority of the individualized programs and contracts will be developed and accomplished as your child works toward more responsibilities, privileges, and advancement to the next stage. Your child will also receive a Treatment Plan, authored by his/her Case Manager, which will address past behavioral and cognitive issues.

It is expected your child will do well at times and have problems at other times. It is from this problem identification your child will become aware of the patterns of behavior and communication, which may have contributed to his/her placement at China Spring Youth Camp. Your child will develop and attain goals to solve and approach problem situations. At all times your child is expected to be accountable for his/her choices and actions.

#### **Transition Stage**

Residents in this stage act as "Cautious Performers." When your child is performing independently, progressing toward achieving personal goals, demonstrating responsible and consistent behavior, is motivated and is a positive influence, s/he will then be granted Transition Stage status.

Transition Stage is designed to give your child more responsibility and a chance to demonstrate his/her ability to successfully function at the facility and in the community. Your child will continue to work on his/her contract, and identifying areas, which have caused conflict in your child's life. Special emphasis will be placed on family interactions. In Transition Stage, your child will begin the reintegration back into your home. Your child will be allowed to return home every other weekend and have only limited phone contact with friends.

#### **Honor Stage**

The Honor Stage is designed to help your child separate from the facility. Your child will, therefore, spend his/her time focusing on their return to family and community, and leaving the group. During this stage, your child will be expected to act as a "Competent and Committed Performer". Your child will also be eligible to return home every weekend and have limited contact with friends.

- Contraband  
Your child may not be in possession of any item not specifically listed on the required belongings list in this packet. We understand there may be times when you want to bring or send your child "treats" or gifts, but your child will not be allowed to receive these. Administration or counselors will give you special instructions to follow during the holidays. Exceptions are not made for birthdays or other occasions. Your child may not carry or have in his/her possession any money, food, gum, or any other item not approved by the facility's administration.
- Visiting  
During your child's stay, you will have an active role in your child's treatment program. As such, visitation privileges are offered in a fashion consistent with your child's behavior and progress in his/her treatment plan. In-facility family visits will be limited to parents, grandparents, and/or legal guardians only. Visiting is on Mondays, a case manager will contact you for 2 hour time frames for Aurora Pines Girls Facility and China Spring Youth Camp.  
  
Exceptions to the visiting guidelines are rarely granted and are to be requested to the Case Manager. Your child may receive an incoming phone call, if s/he was unable to receive an in-facility visit. You may call Monday through Friday between 2:30 p.m. and 8:30 p.m. Please consult the daily schedule in this letter for an idea of the best times to phone your child. Due to resource demands, your child's phone call will be limited to ten minutes. As with in-facility visits your child may only speak to parents, grandparents, and/or legal guardians. Incoming phone calls will not be allowed during school hours. Outgoing phone calls are not made unless there are extreme circumstances.
- Family Systems Course (Targeted Case Management/Family engagement)  
Your child will get assistance in addressing many issues during his/her placement in the facility; one of these issues will be your child's reintegration into the family. It is our sincere desire to make this transition as smooth as possible. One of the steps we have taken to assist you with your child's return home is to provide Targeted Case Management. Targeted Case Management places focus on parent/guardian engagement in available community resources, places focus on aspects of the residents' treatment goals related to family and combines the two areas together. We also provide a Family Systems Course to you and your child to aid in the reintegration.
- Mail  
Your child will be allowed to correspond with parents/guardians, family members, lawyers, and Probation Officer. The suggested list is not inclusive and may consist of additional individuals who have a direct positive influence upon your child.

If you have questions or concerns, please do not hesitate to contact the facility. Your questions/concerns will be directed to those best able to address the issue.

Sincerely,



Wendy C. Garrison, Director

(Please keep this letter for your reference)

# China Spring Youth Camp



## DAILY SCHEDULE

The following is an example of the schedule your child will follow on any given day:

Wake Up	5:00 a.m.
Breakfast	5:30 a.m. to 6:30 a.m.
Clean Up (Dorm & Kitchen)/Group	
Counseling	6:30 a.m. to 7:15 a.m.
School Begins	7:30 a.m. to 11:40 a.m.
Lunch/Chores	12:00 p.m. to 1:30 p.m.
School Resumes	1:30 p.m. to 2:30 p.m.
Counseling/Work Detail/Treatment	
Issues/Reflection Time	2:30 p.m. to 5:00 p.m.
Dinner	5:00 p.m. to 6:00 p.m.
Study Hour/Counseling	6:00 p.m. to 7:00 p.m.
Showers/Chores	7:00 p.m. to 8:00 p.m.
Letter Writing/Group & Individual	
Counseling	8:00 p.m. to 9:00 p.m.
Lights Out	9:00 p.m.

## VISITING RULES

Please remember this is a controlled environment and the rules are necessary for a safe, secure facility.

1. Photo ID (i.e. Driver's License) is required upon arrival.
2. Visits are Mondays for both facilities. A case manager will contact you for 2 hour time frames.
3. Parents/Grandparents/Guardians, ONLY, are allowed to visit.
4. Any visitor under the influence of an intoxicant will not be allowed on Facility property. Local law enforcement will be notified.
5. All visitors and vehicles are subject to search.
6. No unauthorized visitors are allowed on facility grounds.
7. Visitors must park in the designated parking area.
8. All visitors will report to the dormitory
9. Visitors may not give anything directly to a resident. If you have something for a resident, it must be given to staff immediately upon arrival.
10. The following are not allowed under any circumstance:
  - Food
  - Beverages (this includes water bottles)
  - Cell Phones
  - Weapons
  - Prescription Drugs
  - Illegal Drugs
  - Purses or bags
11. China Spring is a NON SMOKING facility pursuant to NRS 202.2491.
12. You must provide vehicle information, including license plate number upon arrival.

Violations of the visiting rules will result in future visits, passes or other privileges to be forfeited by you as the guardian or by your child. The rules are clearly known and violations will not be tolerated.



**PERSONAL BELONGINGS LIST**

**Send only what is listed. All other items will be refused.**

**Please pack items in a disposable box, bag or duffel bag (no suitcases)**

All clothing items must be:

- 1) Sized to fit your child; baggy clothing will not be accepted. Clothing must be logo free.
- 2) Expensive items are discouraged and may be refused.
- 3) It is advisable to leave tags on all new items and to save receipts in case items are refused.

All Hygiene/Health products are to be:

- 1) In plastic containers; Non-aerosol, Non-alcoholic.
- 2) Perfume scents and expensive items are discouraged and may be refused.
- 3) Labels are to be intact (medications without prescriptions labels will be refused).
- 4) No over the counter medications will be accepted without doctor's order.

**Hygiene/Health Items:**

<input type="checkbox"/>	Deodorant	2
<input type="checkbox"/>	Shampoo	2
<input type="checkbox"/>	Conditioner	2
<input type="checkbox"/>	Toothpaste	2
<input type="checkbox"/>	Toothbrush (holder okay)	1
<input type="checkbox"/>	Dental Floss	1
<input type="checkbox"/>	Sunblock (at least 30 SPF)	1
<input type="checkbox"/>	Bar Soap (holder okay)	2
<input type="checkbox"/>	Lip Balm	2
<input type="checkbox"/>	Lotion (unscented)	2
<input type="checkbox"/>	Athlete's Foot Products (non-aerosol)	2
<input type="checkbox"/>	Kleenex	2
<input type="checkbox"/>	Towel (solid color)	2
<input type="checkbox"/>	Wash Cloth (solid color)	2
<input type="checkbox"/>	Comb/Brush	1
<input type="checkbox"/>	Feminine Napkins/Tampon	3
<input type="checkbox"/>	Hair ties (non-metal, APGF only)	3
<input type="checkbox"/>	Acne Product(s)	Discretionary
<input type="checkbox"/>	Medications	30 day supply

**Writing Materials/Misc.:**

<input type="checkbox"/>	Pen (blue/black)	3
<input type="checkbox"/>	Pencil (not mechanical)	3
<input type="checkbox"/>	Highlighter	1
<input type="checkbox"/>	Binders	5
<input type="checkbox"/>	Bible	1
<input type="checkbox"/>	Family Picture	1
<input type="checkbox"/>	Stamps	no limit
<input type="checkbox"/>	Envelopes	2 boxes
<input type="checkbox"/>	Paper (no spirals)	3 packs
<input type="checkbox"/>	Large Duffel bag	1

**Foot wear**

<input type="checkbox"/>	Slippers	1
<input type="checkbox"/>	Work Boots	1
<input type="checkbox"/>	Work Gloves	1
<input type="checkbox"/>	Running Shoes (White w/white laces, no logos)	1
<input type="checkbox"/>	Shower Shoes (non-slip)	1

**CSYC (Male Specific) Items:**

<input type="checkbox"/>	Dress Shirts (Collared)	2
<input type="checkbox"/>	Sweat Pants (black or grey)	2
<input type="checkbox"/>	Sweat Shirts (black or grey) (no hood)	2
<input type="checkbox"/>	Shorts (black or grey) mid-thigh	2
<input type="checkbox"/>	Athletic Socks (white)	12
<input type="checkbox"/>	Underwear (white - standard)	12
<input type="checkbox"/>	T-shirts (white) crew neck	7
<input type="checkbox"/>	Pajamas (shirt with pants - modest)	2
<input type="checkbox"/>	Bath Robe (modest) (cotton/terry)	1
<input type="checkbox"/>	Winter Coat (season specific)	1
<input type="checkbox"/>	Beanie (black/grey) (season specific)	1
<input type="checkbox"/>	Baseball Style Cap (black/grey) no logos	1
<input type="checkbox"/>	Bathing Suit (shorts)	1

**APGF (Female Specific) Items:**

*(Upon Intake, hair must be of natural color)*

<input type="checkbox"/>	Sweat Shirt (black/grey) (no hood)	2
<input type="checkbox"/>	Sweat Pants (black/grey)	2
<input type="checkbox"/>	Shorts (tan) mid-thigh	2
<input type="checkbox"/>	Athletic Socks (white)	12
<input type="checkbox"/>	Underwear (white - standard)	12
<input type="checkbox"/>	T-shirts (white) crew neck	7
<input type="checkbox"/>	Bra (white - no wires)	2
<input type="checkbox"/>	Sports Bra (white or grey)	2
<input type="checkbox"/>	Winter Coat (season specific) no logos	1
<input type="checkbox"/>	Beanie (black/grey) (season specific)	1
<input type="checkbox"/>	Baseball Style Cap (black/grey) no logos	1
<input type="checkbox"/>	Pajamas (shirt with pants - modest)	2
<input type="checkbox"/>	Bath Robe (modest) (cotton/terry)	1
<input type="checkbox"/>	Bathing suit (one piece- modest)	1
	(bathing suit is needed year round)	
<input type="checkbox"/>	Stuffed Animal (small)	1

If you have any questions about this list, please call administration.



## NOTICE OF PRIVACY PRACTICES

Effective August 2016

### 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

You are receiving this notice in accordance with the Health Information Portability and Accountability Act (HIPAA), a federal law that governs the privacy of your health information. You are receiving this notice because China Spring Youth Camp, an entity of Douglas County, provides limited health care services to youth at the facility through contracted medical professionals.

#### WHO WILL FOLLOW THIS NOTICE?

This notice describes the information privacy practices followed by China Spring Youth Camp.

#### YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services you may receive while at China Spring Youth Camp. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose your health information and describes your rights and our obligations regarding the use and disclose of that information.

#### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

##### **For Treatment**

We, along with any physicians and other medical professionals who provide you with care, may use your health information to provide you with medical treatment or services. They may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems, which could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in their offices may share information about you and disclose information to people who do not work in the office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you, which we have.

##### **For Payment**

We, along with any physicians and other medical professionals who provide you with care, may use and disclose health information about you so the treatment and services, including those services received at China Spring Youth Camp, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information about a service you received to your health plan administrator so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

##### **For Health Care Operations**

We, along with any physicians and other medical professionals who provide you with care, may use and disclose health information about you in order to run our facility and make sure you receive quality care. For example, your health information may be used to evaluate the performance of medical staff contracted by China Spring Youth Camp in caring for you. Health information about all or many of our residents may also be used to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

### **Appointment Reminders**

We may contact you as a reminder you have an appointment for treatment or medical care at the office.

### **Treatment Alternatives**

We may tell you about or recommend possible treatment options or alternatives, which may be of interest to you.

### **Health-Related Products and Services**

We may tell you about health-related products or services which may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this Notice) that do not wish to receive such communications, we will not use or disclose your information for these purposes. **Please note that your information will not be shared for marketing purposes or be sold without your written permission.**

You may revoke your Consent to disclose information consistent with the above policies at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that already occurred. If you revoke your Consent, we cannot use or disclose your information for purposes of treatment, payment, or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

### **SPECIAL SITUATIONS**

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

#### **To Address Public Health or Safety Issues**

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

#### **Required by Law**

We will disclose health information about you when required to do so by federal, state or local law.

#### **Research**

We may use and disclose health information about you for research projects which are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address, or other information, which reveals who you are, or will be involved in your care at the office.

#### **Organ and Tissue Donation**

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donating bank, as necessary to facilitate such donation and transplantation.

#### **Military, Veterans, National Security and Intelligence**

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other governmental authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

#### **Workers' Compensation**

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### **Health Oversight Activities**

We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.



### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

### **Law Enforcement**

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

### **Coroners, Medical Examiners and Funeral Directors**

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

### **Information Not Personally Identifiable**

We may use or disclose health information about you in a way which does not personally identify you or reveal who you are.

### **Family and Friends**

We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences, which are in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

### **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. We must obtain your Authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed and written authorization (different from the Authorization and Consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed consent and a special written Authorization, which complies with the law governing HIV or substance abuse records.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that we maintain:

#### **Right to Inspect and Copy**

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask the denial be reviewed. If law requires such a review, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

### **Right to Amend**

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend this information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information which:

1. We did not create, unless the person/entity which created the information is no longer available to make the amendment;
2. Is not part of the health information we keep;
3. You would not be permitted to inspect and copy;
4. Is accurate and complete.

### **Right to an Accounting of Disclosures**

You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing. The request must state a time period, which may not include dates more than six years prior to your request. Your request should indicate in what form you want the list (for example, on paper, or electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask we not use or disclose information about a surgery you had. **We are not required to agree to your requested restrictions.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit the "Request for Restriction on Use/Disclosure of Medical Information".

### **Right to Request Confidential Communication**

You have the right to request we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information and/or Confidential Communication. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice, even if you have agreed to receive it electronically, and can ask us to give you a copy of this notice at any time. To obtain such a copy, contact the China Spring Youth Camp Director.

### **Right to Choose Someone to Act for You**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of this notice currently in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. More information can be found by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). To file a complaint with our office, contact the China Spring Youth Camp Director. You will not be penalized for filing a complaint.

## NON-DISCRIMINATION NOTICE

*In accordance with Federal Civil Rights Law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

1. Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
2. Fax: (202) 690-7442; or
3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

*This institution is an equal opportunity provider.*

**Attention Parent:** Pages 1-10 of this packet are yours to keep. The following pages need to be reviewed, signed and submitted to the Juvenile Probation Office to be provided to Camp at the time of intake.

**This Section Contains Forms  
to be Completed by Parent/Guardian  
and Submitted to Camp  
prior or at the time of Intake  
by the JPO.**



CONSENT TO USE OR DISCLOSE HEALTH INFORMATION

I authorize China Spring Youth Camp, an entity of Douglas County, to use and disclose my medical information for the purposes of Treatment, Payment, and Health Care Operations.

Treatment includes activities performed by a health care provider, nurse, office staff, and other types of health care professionals providing care to you, coordinating or managing your care with third parties, and consultations with and between other health care providers. This consent includes treatment provided by a physician who provides services by telephone as an on-call physician.

Payment includes activities involved in determining your eligibility for health plan coverage, billing and receiving payment for your health benefit claims, and utilization management activities, which may include review of health care services for medical necessity, justification of charges, pre-certification and pre-authorization.

Health Care Operations includes the necessary administrative and business functions of China Spring Youth Camp, and the offices of the medical professionals with whom we contract.

You have the right to revoke this Authorization at any time, provided you do so in writing and except to the extent we have already used or disclosed the information in reliance on this Authorization.

Unless revoked earlier or otherwise indicated, this Authorization will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

You may review the "Notice of Privacy Practices," available from the China Spring Youth Camp Director, for additional information about the uses and disclosures of information described in this Consent prior to signing this Consent.

Because we have reserved the right to change our privacy practices in accordance with the law, the terms contained in the Notice may change also. A summary of the Notice will be posted in our office indicating the effective date of the Notice in the upper right hand corner. We will provide you a copy of the Notice then in effect with your intake paperwork. We will also provide you with a copy of the Notice then in effect upon your request.

As more fully explained in the Notice, you have the right to request restrictions on how we use and disclose your protected health information for treatment, payment, and health care operations purposes. We are not required to agree to your request. If we do agree, we are required to comply with your request unless the information is needed to provide you emergency treatment. Physicians and other medical professionals who provide services to China Spring Youth Camp are required to use and disclose your protected health information consistent with the Notice.

I understand I have the right to revoke this Consent provided I do so in writing, except to the extent China Spring Youth Camp has already used or disclosed the information in reliance on this Consent. I further understand that I have the right to examine the Notice of Privacy Practices and receive a copy of said Notice upon request.

\_\_\_\_\_  
Signature of Resident or Person Authorized by Law

\_\_\_\_\_  
Date

HIPAA





### AUTHORIZATION FOR EMERGENCY MEDICAL/MENTAL HEALTH CARE LIMITED POWER OF ATTORNEY

I, \_\_\_\_\_ am the parent or  
(Print Name of parent/guardian)

legal guardian of \_\_\_\_\_, a minor child. I reside at  
(Print name of child)

\_\_\_\_\_  
(Street address) (City) (State) (Zip Code)

My telephone numbers are:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

I hereby appoint Wendy Garrison, Director, China Spring Youth Camp, Gardnerville, Nevada, or an agent or employee of China Spring Youth Camp acting on her behalf, as my true lawful attorney to act in my place to do any of the following acts with respect to **emergency medical or mental health care** for the above named child:

1. To obtain emergency medical/mental health care including admission to hospitals or other institutions.
2. To consent to, refuse to consent to, or withdraw consent to any care, test, surgery, services or procedures to maintain, diagnose or treat a physical or mental condition.
3. To sign such medical forms as may be necessary to carry out such decisions, including insurance forms, to talk to health care personnel who are treating the child and examine medical records related to the child's care.

**This limited power of attorney is made subject to the condition the attorney in fact (CSYC) shall exercise best efforts to notify the parent or legal guardian as soon as possible when exercising the powers granted herein, but in any event, within 24 hours.**

This limited power of attorney shall remain in full force and effect during the time the named child is a resident of China Spring Youth Camp.

- Child has no insurance
- Child has insurance

Dated this \_\_\_\_\_, day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Probation Officer)



MEDICAL INSURANCE INFORMATION SHEET

\*Provide a legible copy of the front and back of your child's insurance cards (including dental and prescription if separate).

PRIMARY MEDICAL

Insurance Carrier:

\_\_\_\_\_

Policy Holder Name:

\_\_\_\_\_

SECONDARY MEDICAL If your child is covered by another insurance carrier, please complete the following

Insurance Carrier:

\_\_\_\_\_

Policy Holder Name:

\_\_\_\_\_

PRESCRIPTION COVERAGE

Prescription Carrier:

\_\_\_\_\_

Policy Holder Name:

\_\_\_\_\_

DENTAL COVERAGE

Primary Insurance Carrier:

\_\_\_\_\_

Policy Holder Name:

\_\_\_\_\_

**INSURANCE AUTHORIZATION**

I, \_\_\_\_\_  
(Print Name)

Authorize and assign China Spring Youth Camp and its representatives to use my insurance for the benefit of my Son/Daughter who is covered under said insurance policy. I also understand I am financially responsible for any cost not covered by insurance, including but not limited to deductibles, co-payment amounts and non-covered services. In accordance with NRS 62B.110, when a child who is under the jurisdiction of the Juvenile Division of the District Court receives ancillary services administered or financed by Douglas County, including but not limited to, transportation or psychiatric, psychological, or medical services, the county is entitled to be reimbursed from the parent of the child for such services.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date





**MEDICAID AND UNINSURED YOUTH**

**IMPORTANT**

Youth placed at China Spring Youth Camp are not covered under Medicaid upon their arrival at the facility, even if youth are covered under Medicaid prior to placement.

I, \_\_\_\_\_ understand I am financially responsible for any and  
(Print Name)

all medical/ancillary services, which are provided to my child during the course of their placement at China Spring Youth Camp.

In accordance with NRS 62B.110, when a child who is under the jurisdiction of the Juvenile Division of the District Court receives ancillary services administered or financed by Douglas County, including but not limited to, transportation or psychiatric, psychological, or medical services, the county is entitled to be reimbursed from the parent of the child for such services.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

# China Spring Youth Camp



## PROGRAMS AND ACTIVITIES PERMISSION, RELEASE AND INDEMNITY AGREEMENT

Child's Name: \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ am the parent, or have been  
(Print Guardian Name here)

appointed legal guardian by court order, of the above named minor child.

I further state, the above named minor child is physically able to participate in the activities selected below:

Initial

- I give permission for the above named minor child to participate in the Recreational Programs and Activities of the Camp, which includes but is not limited to football, basketball, volleyball, baseball, yoga, swimming, and other recreational activities in and about the Camp and Community.
- I further give permission for above named minor child to participate in the activities of the Camp's Wilderness Program, which includes but is not limited to hiking, basic mountaineering, survival techniques, swimming, backpacking, camping, ropes course, cross-country skiing, snowshoeing, rafting, kayaking, and fishing, in and about the Camp, Wilderness Areas and Parks of Nevada and California. As such, I further give permission for the above named minor child to be taken by Camp Staff to the state of California for the purpose of participating in said activities.
- I further give permission for the above named minor child to participate in the activities, training and care of animals within the Camp's Animal Program, which includes but is not limited to dogs, birds, and any other domestic animal(s), which may be in and about the Camp and Community.

I have been advised of the various dangers that the above named minor child may be exposed to during their participation with these programs, which includes but is not limited to severe weather conditions, physically demanding conditions, and unanticipated animal-caused injuries. I also acknowledge that I have been advised that the above named minor child may be exposed to actions, events, and environments that may be hazardous to his/her person and/or property, including danger to life and/or limb. I understand that I am solely responsible for any medical costs that may directly or indirectly result from my child's participation in the above program(s).

**NOW, THEREFORE, having been fully advised of the dangers inherent to these various program(s) in which I grant permission for the above named minor child to participate in, I do hereby, for the above named minor child, myself, my spouse, heirs, executor or administrator, and personal representatives:**

- Assume the risks of the minor child participating in said programs and take full responsibility for any personal injury, including death, to the above named minor child, which may occur directly or indirectly, associated with the above named minor child's participation in the various programs mentioned above.
- Fully and forever release and discharge China Spring Youth Camp, Douglas County, the Ninth Judicial District Court, and the officers, employees, agents and servants of these entities, from any and all claims, demands, damages, rights of action, or causes of actions, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the above named minor child's participation in the various programs mentioned above, whether resulting from the negligence of the above named entities and the agents thereof or otherwise.

- Agree to indemnify and hold harmless China Spring Youth Camp, Douglas County, the Ninth Judicial District Court, and the officers, agents, employees and servants of these entities, with respect to any and all claims, injuries, and costs associated with my child's participation in these program(s).
- Agree to defend and to pay any attorney's fees or associated costs as a result of any claim or action brought against China Spring Youth Camp, Douglas County, the Ninth Judicial District Court, and the officers, agents, employees and servants of these entities, for any acts or conduct on the part of the above named minor child of whatever kind or nature whatsoever, while in, on or about any such Douglas County vehicle, or at any and all Douglas County premises or facilities.
- Agree that it is my intent, having read and having been fully informed of all of the above that this Release and Indemnity Agreement be in full force and effect at any time after the execution hereof.

In case of an emergency, please notify:

\_\_\_\_\_ Name

\_\_\_\_\_ Name

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ Telephone Number

I further agree, in case of injury and/or illness, the Camp staff shall have authority to act in the child's best interest.

\_\_\_\_\_ Relationship to Child

\_\_\_\_\_ Signature of Parent / Legal Guardian

\_\_\_\_\_ Date

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number \_\_\_\_\_  
 \_\_\_\_\_

Dated this date \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock.

\*A valid photo identification of the applicant and the parent or guardian (if applicable) shall be presented to and a copy of shall be attached to this agreement.



### ROPES CHALLENGE COURSE RELEASE OF LIABILITY

Individuals who suffer from high blood pressure, heart disease, back problems, emotional instability, pregnancy or acrophobia should not go on high ropes without consulting their physician.

In consideration of being allowed to participate in any way in the China Spring Youth Camp Challenge Course Program, related events and activities, \_\_\_\_\_, the undersigned, I acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE PARTICIPANT or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS China Spring Youth Camp, Douglas County, and their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE PARTICIPANT OR OTHERWISE, to the fullest extent permitted by law ("Releases"); and,
5. I understand that the use of equipment furnished by China Spring Youth Camp constitutes an acceptance of the equipment. I agree to pay for any damage done to the equipment, property or property of others.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date Signed

FOR PARENTS/GUARDIANS OR PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify me, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases. My consent is on behalf of myself, my spouse, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the released individuals and entities from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE PARTICIPANT, to the fullest extent permitted by law.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Date Signed



**C.H.O.I.C.E.S. PROGRAM MEDICAL INFORMATION FORM**

1) Are there any physical limitations, which would prevent full participation, including:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Disabilities             | <input type="checkbox"/> Menstrual Problems        | <input type="checkbox"/> Sprains/Dislocations     |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Venereal Disease (STD)    | <input type="checkbox"/> Concussion/Head Injury   |
| <input type="checkbox"/> Epilepsy/Seizures        | <input type="checkbox"/> Pregnancy (Current)       | <input type="checkbox"/> Chronic Cough            |
| <input type="checkbox"/> Heart Conditions         | <input type="checkbox"/> Pregnancy (Recent)        | <input type="checkbox"/> High Blood Pressure      |
| <input type="checkbox"/> Recent Injuries          | <input type="checkbox"/> Tuberculosis              | <input type="checkbox"/> Back Pain                |
| <input type="checkbox"/> Recent Illness           | <input type="checkbox"/> Migraine Headaches        | <input type="checkbox"/> Bedwetting/Incontinence  |
| <input type="checkbox"/> Allergies (Food)         | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Motion Sickness          |
| <input type="checkbox"/> Allergies (Medication)   |  | <input type="checkbox"/> Urinary Tract Infections |
| <input type="checkbox"/> Allergies (Insect, etc.) |  |   |
| <input type="checkbox"/> OTHER?                   |  |   |

PLEASE EXPLAIN ANY ABOVE PROBLEM ( Dates, Frequency, Severity, Extent of Limitation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Are there any psychological tendencies, which we should be aware of (fear of heights or water, suicide attempts, drug/alcohol addiction, depression, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Please list all prescription drugs, which the child is required to take, as well as the doctor who prescribed them, and the amount/frequency of administration. Staff will hold these for the duration of the trip. PLEASE BE SURE TO SEND YOUR CHILD'S MEDICATION WITH THEM, IN A SUFFICIENT AMOUNT TO LAST FOR THE DURATION OF THE TRIP.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Wilderness Program staff carry a well-stocked first aid kit at all times, which contains the following over-the-counter medications. Please check those medications, which you, as parent or legal guardian, give us permission to administer to your child in the event of illness:

- |  |  |
|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol)     | <input type="checkbox"/> Pepto-Bismol              |
| <input type="checkbox"/> Ibuprofen (Advil, Midol)    | <input type="checkbox"/> Roloids/antacid           |
| <input type="checkbox"/> Diphenhydramine (Benadryl)  | <input type="checkbox"/> Pseudoephedrine (Sudafed) |
| <input type="checkbox"/> Dramamine (Motion Sickness) | <input type="checkbox"/> Mylanta/laxative          |

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

5) The Wilderness Program staff has been trained in the administration of *EPINEPHRINE* (a prescription drug), which reverses the effects of severe life threatening systemic (whole body) allergic reactions to substances such as bee stings or food allergies. An individual's past history is often not a reliable indication of future reactions. Therefore, we request permission to administer *EPINEPHRINE* in the event your child has a life threatening allergic reaction while in our care.

I/We \_\_\_\_\_ give CAMP Wilderness Program Staff permission to administer *EPINEPHRINE* to \_\_\_\_\_ in the event of a systemic allergic reaction.

**PLEASE CONTACT US IF ANY INFORMATION CHANGES OR DEVELOPS**



**COMMITMENT FACE SHEET**  
(Please fill out ALL information completely)

Juvenile's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Age \_\_\_\_\_ Current Grade \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Religious Affiliation \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_  
 Hair \_\_\_\_\_ Height \_\_\_\_\_ Tattoos \_\_\_\_\_  
 Eyes \_\_\_\_\_ Weight \_\_\_\_\_ Scars \_\_\_\_\_

Is your son/daughter  
 Currently receiving income?  
 Yes (list Income) \_\_\_\_\_  
 No \_\_\_\_\_

**Guardian at Commitment** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Phone Numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Physical Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Employment** \_\_\_\_\_ **SSN** \_\_\_\_\_  
**Driver's License #** \_\_\_\_\_ **State** \_\_\_\_\_ **Expiration** \_\_\_\_\_  
 Other \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Phone Numbers** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Physical Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Employment** \_\_\_\_\_ **SSN** \_\_\_\_\_  
**Driver's License #** \_\_\_\_\_ **State** \_\_\_\_\_ **Expiration** \_\_\_\_\_

<b>Financial Info</b>	<b><u>Income of Parent(s)</u></b>	<b><u>Expenses</u></b>
	Monthly Gross _____	House Payment/Rent _____
	Child Support _____	Medical Bills _____
	State Assistance _____	Utilities _____
	Food Stamps _____	Additional Monthly Bills _____
Disability _____		

Spanish Speaking Household? Yes / No

Vehicle Information: List all vehicles in which you may drive to the facility for visits and used to transport a resident in and out of the facility at any other time.

Make	Model	Color	License Plate #



**Zero Tolerance Policy**

China Spring Youth Camp has a Zero Tolerance Policy against all forms of sexual abuse and sexual harassment. The protection of the facilities youth against all forms of sexual abuse and sexual harassment is important. All employees, staff, residents, contract employees, contract services personnel, volunteers and visitors are subject to the Zero Tolerance Policy.

**How do I report sexual abuse and/or sexual harassment?**

Residents of the facility have the right to report sexual abuse and/or sexual harassment free of retaliation and consequence. Reports can be filed in the following ways:

- 1) Tell a trusted staff member, request a supervisor, or request to speak to a member of Administration. Administration accepts phone calls 24 hours a day.
- 2) Complete a Grievance form and place in the secured box.
- 3) Ask staff to make a private phone call and contact one of the listed outside agencies provided during intake.
- 4) Use the dorm phone to select a pre-programmed number:
  - a. **Line 1:** Internal PREA Message Line for PREA Compliance Manager. This is checked by message and email by the PREA Compliance Manager.
  - b. **Line 2:** Contact Family Support Council for Victim Services, Emotional Support, or to contact your designated advocate. 775-782-8692.
    - i. Physical Address: 1255 Waterloo Lane, Gardnerville, NV 89410
    - ii. P.O. Box 810 Minden, NV 89423
  - c. **Line 3:** Contact the Reno Crisis Call Center 1-800-992-5757
    - i. 900 N. Virginia St. Reno, NV 89557
- 5) Residents may also request a private phone call to their parents, JPO, attorney, or other guardian.
- 6) Parents/Guardians or other third parties may report on behalf of a resident using any of the contact numbers provided on the website, including contacting Douglas County Sheriff's Office.

Additionally, the PREA Compliance Manager or designee will provide on-going PREA Education to residents of China Spring Youth Camp about their protection from sexual abuse and sexual harassment. The curriculum will be designed to be age appropriate and take into consideration any limitations the resident may have.

**Emotional Support Services/Victim Advocacy**

**Internal:**

Residents are introduced to the Camp Psychologist within the first fourteen (14) days. The Camp Psychologist can provide internal support and also be a resident advocate upon request.

If you would like to see the Psychologist, please make this request to your Case Manager and they will write a referral for you. Staff may also refer you as well.

**External:**

If you would like emotional support services outside of the facility, please request an advocate through your case manager. The Camp and Family Support Council work collaboratively to meet individual resident needs. Once an advocate is established, residents may contact them by setting up an appointment through their case manager, mail, or by using the pre-programmed dorm phone line, line 2.

*\*Important Note: Support services information for different counties within Nevada is posted in the dormitory. You will also receive a printed copy of this information upon intake. This and any other information related to your rights and PREA will be provided to you upon request.*

**What happens after I make a report?**

Immediate action will be taken to protect a resident upon learning of a potential risk. The facility will take the necessary precautions to keep you safe. This may include but is not limited to changing a room assignment or re-assigning a staff member to work in another location.

- Depending on the circumstances and nature of the report, you will be interviewed and receive a formal conclusion within (90) days of the report being filed.
- You may have reasonable access to an attorney, parent/guardian, probation officer or other support services.
- Follow-up services will be provided in the event a sexual abuse has occurred, free of charge.

**Resident Education Acknowledgement**

As a resident of the facility, you will receive ongoing education about sexual abuse and sexual harassment. You will also have access to educational and reporting material posted throughout the dormitory.

My signature below confirms that I have been informed of China Spring Youth Camp Zero Tolerance Policy regarding sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the facilities policy and procedures for responding to such incidents. I acknowledge that upon intake, I reviewed the video, "What You Need to Know about PREA." I also understand if I falsely report sexual abuse or sexual harassment with the intent to manipulate the reporting policy, consequences up to and including failure of placement may occur.

---

Resident Signature

---

Date





### HIV EDUCATION/TESTING ACKNOWLEDGEMENT FORM

As a part of the programming at China Spring Youth Camp, your son/daughter will take part in an informational HIV/AIDS presentation. A representative from Carson City Health and Human Services facilitates the presentation. Residents of the facility are presented with facts and myths surrounding HIV and AIDS and are encouraged to actively participate in an effort to educate them about the virus.

After the informational presentation, all youth of China Spring will receive an HIV Test. The test is a 20-minute rapid test given at the facility during a scheduled time by the Medical Supervisor who is a certified HIV Tester by the State of Nevada. If the preliminary test is positive, further testing is required. The preliminary results will be given to the resident at the time of the test and will be reported to you by the Medical Supervisor. All staff employed by China Spring Youth Camp are bound by law to comply with all Health Information Privacy laws and all results will be kept confidential.

By signing below, you are acknowledging that your son/daughter will receive HIV/AIDS education and testing while at China Spring Youth Camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date



### DEPO-PROVERA INJECTION CONSENT AND RELEASE FORM

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

China Spring Youth Camp's program includes providing information on prevention of Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STDs), and Pregnancy to participants, in addition to administering the Depo-Provera Injection. Depo-Provera is a contraceptive (birth control) injection, administered every twelve (12) weeks.

The various side effects and risks that may result from the Depo-Provera Injection includes but is not limited to: headaches, moderate weight gain, and irregular menstruation cycles. As a method of birth control, Depo-Provera prevents ovulation for up to three (3) months. The Depo-Provera Injection does not prevent infection from HIV or STDs.

In the program, the Depo-Provera Injection will be administered by a medical professional and is offered to your daughter free of charge. If for some reason your daughter is not able to benefit from the Depo-Provera Injection, we will discuss other options of birth control with her. When your daughter is released from China Spring Youth Camp, we will help her set up a schedule to continue receiving the injection in her home community.

Further information regarding Depo-Provera may be obtained by contacting the Camp Director, who can refer you to a medical professional.

I, \_\_\_\_\_, am the parent, or have been appointed  
(Print Name)

Legal guardian by Court Order, of the above named child.

I give permission for the above named minor child to participate in China Spring Youth Camp's Depo-Provera Injection Program, including receiving the Depo-Provera Injection.

I understand and acknowledge there may be various side effects and risks associated with the administration of a Depo-Provera Injection.

I further state, the above named minor child is physically able to participate in the Depo-Provera Injection Program.

I \_\_\_\_\_ attest that I understand the Food and Drug Administration (FDA) and Pfizer, the manufacturer of Depo-Provera, have issued a warning stating:

- Women who use Depo-Provera Contraceptive Injection (CI) may lose significant bone mineral density. Bone loss is greater with increasing duration of use and may not be completely reversible.
- It is unknown if use of Depo-Provera CI during adolescence or early adulthood, a critical period of bone accretion, will reduce peak bone mass and increase the risk for osteoporotic fracture in later life.
- Depo-Provera CI should not be used as a long-term birth control method (e/g/ longer than 2 years) unless other contraceptive methods are considered inadequate.

NOW, THEREFORE, having been fully advised of the risks and dangers inherent to the Depo-Provera Injection for which I grant permission for the above named minor child to receive, and in consideration of China Spring Youth Camp providing the informational program and injection to the minor child, I do hereby, for the above named minor child, myself, my spouse, heirs, executor or administrator, and personal representatives:

- Assume full responsibility for any bodily injury or personal injury, known or unknown, or death resulting directly or indirectly on account of the Depo-Provera Injection administered to the above named minor child while participating in the program.
- Fully and forever release and discharge China Spring Youth Camp; Douglas County, Nevada; and the Ninth Judicial District Court, including the officers, employees, agents and servants of these entities, from any and all claims, demands, damages, rights of action, or causes of actions either in law or equity, present or future, arising from or by reason of any bodily injury or personal injury known or unknown, anticipated or unanticipated, resulting from or arising out of the above named minor child's participation in the Depo-Provera Injection Program.

By signing this form, I understand that I accept the potential risks of bone loss linked with the use of Depo-Provera greater than two years and wish to continue using this form of birth control.

A copy of this Consent and Release will be valid as the original.					
Signed this		Day of		20	
	Date		Month	Year	
Signature of Parent/Guardian			Printed Name of Parent/Guardian		