

INFORMATION USE DISCLOSURE

In compliance with Health Insurance Portability Act of 1996 (HIPPA) and the Federal Privacy Act of 1974, the Louisiana American Legion Auxiliary Girls State recognizes that private information cannot be used or disclosed except as described. This includes such information or names, addresses, phone numbers, fax numbers, e-mail addresses, Social Security numbers and health information about staff members and youth program participants. The intended uses of the information collected for Girls State are described below.

Purposes

1. To facilitate emergency health care, if needed, with prior permission of the parent/guardian.
2. To register and process lists and nametags for youth and staff at Girls State.
3. To facilitate housing lists for Girls State staff members and the Northwestern State University.
4. To provide a directory of Girls State staff members and citizens.

Access

1. American Legion Auxiliary Event Planning staff, Girls State Director, and Girls State Nurse.
2. Basic contact information via the directory to Girls State Staff and participants.

On Site Storage

1. Information will be secured in locked cabinets and office spaces.

Retention of Records Policy

1. All documents relating to Louisiana American Legion Girls State will be retained for a minimum of one (1) year from the date of creation or last in effect. After this period of time has lapsed, the Louisiana American Legion Auxiliary Staff will shred all of the documents and dispose of it properly.

I have received and read the required Health Insurance Portability Act of 1996 (HIPPA) Notice of Privacy Practices as provided above. This notice includes procedures that will be taken to assure that all health-related information is kept confidential and protected.

WAIVER AND CONSENT

There are many opportunities for pictures to be taken at the Louisiana American Legion Auxiliary Girls State program. This may include pictures taken by visiting press, staff, and/or citizens. Therefore, I/we do give my permission for my/our daughter/guardian's picture or name to be used in regard to the Louisiana American Legion Auxiliary Girls State program.

I/we understand and confirm that participation in the American Legion Auxiliary Girls State program is voluntary and hereby consent and grant permission for my/our daughter/guardian to participate in all activities in conjunction with this program. I/we further understand that my daughter/guardian's participation may involve risk of injury and loss, both to person and to property. On behalf of my minor child/guardian, I/we assume all risks in any way connected with said participation and I/we accept personal responsibility for any liability, injury, loss, or damage in any way connected with said participation.

This will further certify that I/we, the undersigned, in consideration of the benefits and opportunities derived by my daughter/guardian who is a participant of the Louisiana American Legion Auxiliary Girls State program to be held at Northwestern State University in Natchitoches, Louisiana and having activities on the Northwestern State University Campus, do hereby release and discharge the American Legion Auxiliary, it's officers, agents, staff, and employees from any all claims, demands, suits, actions, or course of action which may, can, or shall have reason of illness, injury, or accident incurred or suffered by said daughter/guardian while in attendance of said American Legion Auxiliary Louisiana Girls State, and that the provision of such insurance is my/our own personal responsibility.

I/we do hereby certify that the information provided on pages one (1) and two (2) of this form is true and correct to the best of my/our knowledge.

Printed name of Girls State Citizen

Signature of Girls State Citizen

Date

Printed name of Father/Guardian

Printed name of Mother/Guardian

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

Witness: Printed Name

Witness Signature

Title

Date