2021
Trustbridge Virtual Camper Application

Hospice of Palm Beach County
Hospice by the Sea
trustbridge
Sea Star Children's Programs

This camper application is for:

☐ Camp Stingray – Ages 5-9 – Saturday, June 26th, 9:00am-2:00pm
Application Deadline: Monday, June 14th

☐ Club Seahorse – Ages 10-12 – Saturday, July 17th, 9:00am-2:00pm
Application Deadline: Tuesday, July 6th

☐ Camp Good Grief – Ages 13-17 – Saturday, July 31, 9:00am-2:00pm
Application Deadline: Monday, July 19th

Name of Camper:_____

Home Address: _____ City:_____ Zip Code:_____

Note: This is the address where camp supplies and lunch will be delivered prior to camp

Parent/Guardian Full Name:_____ Relationship:_____

Email Address: _____ Phone Number:_____

Camper Date of Birth:_____ Age:_____ Gender: _____

School:_____ Grade:_____ Guidance Counselor: _____

Number of Immediate Family Members Who Will Be Present in the Home During Camp:_____

Lunch will be delivered to your home the day of camp. Please let us know of any food allergies so we can accommodate your dietary needs.

Food Allergies: _____

Has the camper previously attended Trustbridge counseling, camps, or groups? _____

Has the camper said or done anything recently that concerns you? ☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

☐ I attest that I am this child's parent or legal guardian.

Please contact the Bereavement department at 561-227-5175 or email bereavementevents@trustbridge.com for more information.

Hospice of Palm Beach County
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Trustbridge Bereavement Center Registration and Informed Consent

Demographic Information	
First Name:	Last Name:
Primary Phone:	Email Address:
Information about the Loss	
Date of Death:	Relationship to Deceased:
Cause of Death:	Was your loved one a hospice patient: ☐ Yes, Trustbridge (please provide name):_____ ☐ Yes, another hospice ☐ No

CONSENT FOR SERVICES: I hereby voluntarily consent to and authorize Trustbridge Bereavement Center to provide bereavement counseling services, including (but are not necessarily limited to) individual support, group support, virtual sessions, or education, by employees or authorized agents of Trustbridge, Inc. I acknowledge that no guarantees have been made to me as to the effect of such assessments or services provided. I understand I may be provided with resources and referrals if additional support is required.

CONFIDENTIALITY: I understand that Trustbridge Bereavement Center clinicians maintain confidentiality of client information in accordance with the Health Insurance Portability and Accountability Act ("HIPAA") and other applicable, Federal, State and other regulations. I understand that if I choose to participate in a virtual session, it is my responsibility to be in a private room or space and if not, my conversations may be overheard by others. I further understand that if anyone else other than myself participates in my virtual session, I have informed them and they have agreed to participate in my session. I accept that my information may be released or reported under certain circumstances that are required by law. I have received a copy of Trustbridge's Notice of Privacy Practices.

PATIENT RIGHTS: Services are rendered without distinction to race, faith, national origin, handicapping condition, age, or sexual orientation. Trustbridge Bereavement Center complies fully with: Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. I have been informed of my rights and have received a copy of Trustbridge, Inc.'s Rights & Responsibilities.

RESPONSIBILITY FOR PERSONAL VALUABLES: I hereby release Trustbridge, Inc. from any liability resulting from loss by theft or negligence of mine or that of any employee. I understand that I am fully responsible for all of my personal articles while at the Trustbridge Bereavement Center.

PHOTO RELEASE:

☐ I consent to Trustbridge, Inc. taking still photographs of me to be used in printed, published materials, social media, testimonials, motion pictures, videotape, live camera and/or record my voice in any manner in connection therewith.

☐ I do not consent to still photographs or video recordings.

By providing your e-mail address, you agree to Trustbridge Bereavement Center communicating with you and sending information related to Trustbridge bereavement programs. You may opt out of receiving such communications at any time by emailing bereavementevents@trustbridge.com. The undersigned certifies that he/she has read the above paragraphs and is the client, or is duly authorized by the client as the client's legal representative, to execute the above and accept its terms.

Client's Signature: _____ Date: _____

Parent/Guardian Signature:_____

Printed Name, Parent/Guardian: _____

Trustbridge Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice applies to Trustbridge, Inc. and its subsidiaries Hospice of Palm Beach County, Hospice by the Sea, Hospice of Broward County and Harbor Palliative Care Services, Inc. It describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS

When it comes to your health information, under federal law, you have certain rights. This section explains what your rights are and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. To obtain a copy, please contact the Health Information Management department. • We will provide a copy of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee for copying, postage, labor and supplies.
Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. To make this type of request, please submit your request in writing to the HIPAA Privacy Officer. • We may say "no" to your request, but we'll tell you why in writing within 30 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. To make this type of request, please submit your request in writing to the HIPAA Privacy Officer. • We will say "yes" to all reasonable requests.

Ask us to limit what we use or share	• You can ask us not to use or share certain health information for treatment, payment, or our operations.
	  • We are not required to agree to your request, and we may say "no" if it would affect your care.
	  • To request restrictions, you must make your request in writing to the HIPAA Privacy Officer. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and (3) to whom you want those restrictions to apply.
	• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
	  • We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. To make this type of request, please submit your request in writing to the HIPAA Privacy Officer. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. To obtain a copy, please contact the Health Information Management department or HIPAA Privacy Officer.
Choose someone to act for you	• If you have given someone medical power of attorney, is your health care surrogate, 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.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the HIPAA Privacy Officer contact information listed on page 2. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. • We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us how to:	• Share information with your family, close friends, or others involved in your care. • Share information in a disaster relief situation. • Include your information in a facility directory. • Contact you for fundraising efforts. • If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
In these cases we never share your information unless you give us written permission:	• Marketing purposes. • Sale of your information. • Sensitive information such as: communicable diseases (including HIV and AIDS), psychotherapy notes, and alcohol/drug.
In the case of fundraising	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you	• We can use your health information and share it with other professionals who are treating you. • *Example: A doctor treating you asks another doctor about your overall health condition.*
Run our organization	• We can use and share your health information in performing business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide, reduce health care costs, practice, and contact you when necessary. • *Example: We use health information about you to manage your treatment and services.*
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities. • *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information? We are allowed or required to share your information in other ways, usually in ways that contribute to the good of the public. We have to abide by the law and meet certain conditions before we can share your information for these purposes.

Help with public health and safety issues	• We can share health information about you for certain situations such as:
	  • Preventing disease.
	  • Helping with product recalls.
	  • Reporting adverse reactions to medications.
	  • Reporting suspected abuse, neglect or domestic violence.
	  • Preventing or reducing a serious threat to anyone's health or safety.

Research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal law requires it, including with the Department of Health and Human Services.
Respond to organ and tissue donation requests	• We can share health information.
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Workers' compensation, law enforcement, and other government requests	• We can use or share health information about you:
	  • For workers' compensation claims.
	  • For law enforcement purposes or with law enforcement officials.
	  • With health oversight agencies for activities authorized by law.
	  • For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal action	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website.

PRIVACY OFFICAL CONTACT INFORMATION

Amanda Tippin, HIPAA Privacy Officer | 5300 East Ave. | West Palm Beach, FL 33407 | 561.227.5123 | atippin@trustbridge.com

Trustbridge website: www.trustbridge.com

Hospice of Palm Beach County
Hospice by the Sea
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Florida Patient's Bill of Rights & Responsibilities

Florida law requires that your healthcare provider or healthcare facility recognize your rights while you are receiving medical care and that you respect the healthcare provider's or healthcare facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your healthcare provider or healthcare facility. A summary of your rights and responsibilities follows:

1. A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

2. A patient has the right to a prompt and reasonable response to questions and requests.

3. A patient has the right to know who is providing medical services and who is responsible for his or her care.

4. A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

5. A patient has the right to bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.

6. A patient has the right to know what rules and regulations apply to his or her conduct.

7. A patient has the right to be given, by the healthcare provider, information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

8. A patient has the right to refuse any treatment, except as otherwise provided by law.

9. A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

10. A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the healthcare provider or healthcare facility accepts the Medicare assignment rate.

11. A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

12. A patient has the right to receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have the charges explained.

13. A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.

14. A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

15. A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

16. A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the healthcare provider or healthcare facility that served him or her and to the appropriate state licensing agency.

17. A patient is responsible for providing to the healthcare provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

18. A patient is responsible for reporting unexpected changes in his or her condition to the healthcare provider.

19. A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

20. A patient is responsible for following the treatment plan recommended by the health care provider.

21. A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

22. A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

23. A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

24. A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.