

HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

MEDICAL AID STATION INFORMATION

The Youth Challenge Academy Medical Aid Station (MAS) addresses and or assists daily with medical issues, which include:

- Conducting sick call providing acute medical care to youth as needed.
 - Emergency situations are handled with support of the MAS staff and Emergency 911, as required.
- Coordinating cadets' off campus medical/dental appointments.
- Maintaining and distributing prescription medications for cadets as prescribed by physicians.
- Coordinating with mental health care facilities to provide services for cadets.

Required medical documents are needed prior to being accepted into the HINGYCA:

- Medical Aid Station Form
- Medical Emergency Information
- Medical Form Part 1 & 2 *this includes medical interview with parent and child
- Medical Insurance Card (copy of front & back) ex: HMSA, Alohacare, United Healthcare, Kaiser etc.
 - **DO NOT** submit "Medicaid Identification Card" this is not an insurance card.
- Sports Physical Clearance (completed within 1 year from start of program)
- TB Clearance (Valid 1 year from start of program) *State of Hawaii Risk Assessment accepted (document F)
- Complete Immunization Records according to Hawaii State Law, Hawaii Administrative Rules Title 11, and Department of Health Chapter 157 ****Refer to the State of Hawaii Department of Health Website**
- Dental clearance (completed within 6 months from start of program)
 - **** All major dental work MUST be completed prior to start of program**

Other required documents might be requested from the medical department:

- Medical Clearance from Behavior Health Doctor (Therapist, Psychologist, Psychiatrist etc.)
- State of Hawaii Medication/Allergy Form

Note: Hawaii Law requires the MAS to file reports on the status of immunizations with the Hawaii Department of Health. There may be medical fees, not limited to, but including Office Fees, Physician's fees, etc.

By my signature below, I authorize Hawaii National Guard Youth Challenge Academy to conduct drug testing that complies with the DoD/NGB Drug-Free Policy for all participants registered or enrolled in the Youth Challenge Program.

Parent/Guardians Name: _____ Signature: _____ Date: _____

Medical Insurance & Responsibility - I understand that active medical insurance is required to participate in the Hawaii National Guard Youth Challenge (YCA) program. A copy of the **front and back** of each cadet or guardian's insurance card is required as evidence of insurance and will be kept on file in the MAS, Admissions Office and Charge of Quarters. If there is any change in medical insurance coverage for a cadet, the responsible party must notify YCA immediately. Failure to keep your child medical insurance active while in the program will lead to your child being dismissed from program. The Hawaii National Guard Youth Challenge Academy YCA Program will not accept any financial responsibility for injuries to a

cadet regardless of cause. ***The cadet, parent, guardian or previously established responsible party is required to pay all pass and current medical bills to the physician, hospital or any other medical facility in which the child was seen.***

NOTE: Cadets who are part of an HMO plan and/or Kaiser or any medical coverage that doesn't participate with HINGYCA will be assessed by the MAS at no charge. If any further treatment is needed MAS will contact parent to see their Primary Care Physician. Please ensure that your medical coverage participates with Hawaii National Guard Youth Challenge Academy YCA program for acute care.

Transportation Policy – I give permission to the Hawaii National Guard Youth Challenge Academy YCA Program to transport my child off and on campus for medical appointments which includes 9-1-1 EMS transportation if deemed necessary by YCA. All off-site appointments are conducted with the highest regard for the safety and the well-being of each cadet in accordance with YCA and NGB standards. While participating in any off-site medical appointment, cadets are required to follow all rules conduct as specified in the YCA's rules and regulations SOP and the Cadet Student Manual.

Privacy Policies:

- The MAS is required by law to maintain the privacy of a cadet's health information
- The MAS upon written notice from parent/legal guardian may be authorized to disclose health information to outside physician for continued care.
- The MAS may use and disclose health information about a cadet's treatment for physicians to bill and collect payment from insurance providers or third-party payers.
- Members of the medical staff may use information in a cadet's health record to assess required care and outcomes in the youth's individual case. Results may also be used to evaluate service needs or treatment plans to improve the quality of care for all cadets that we serve.
- You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your cadet's care. In some circumstances, we may deny your request to inspect and/or copy a cadet's records in accordance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you are denied access, you may request that the denial be reviewed. If you feel the health information about your cadet is incorrect or incomplete, you may request to have that information amended. You have a right to request an amendment for as long as the information is kept by or for the MAS.
- You have a right to request a restriction or limitation on the health information we use or disclose about your cadet. We are not required to comply with your request; however, we do our best to uphold your desires unless release of the medical record information is determined to be necessary for the treatment of your cadet.

We may also use and disclose health information for the following types of entities including, but not limited to:

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| • Public Health or Legal Authorities charged with preventing or controlling disease, injury, etc. | • Health Oversight Agencies |
| • Military Command Authorities | • National Security and Intelligence Agencies |
| | • Protective Services for the President and others |

We reserve the right to change or revise this notice as needed. The change or revision to this notice will be effective for information we already have about your cadet, as well as any information we receive in the future.

The most current notice will be posted in the MAS and will include the effective date.

I understand the contents of this consent, and agree to its condition by my signature below:

Print: _____ Signature: _____ Date: _____

**HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY
MEDICAL AID STATION
Responsible Party Payment Information**

ALL INFORMATION ON THIS PAGE MUST BE COMPLETED!!!!

PARENT/GUARDIAN (Note: Responsible Party will be billed if insurance does not pay).

Name of Father/Guardian: _____ Legal Custody: YES/NO Physical Custody: YES/NO

Telephone #: _____ Cell #: _____

Address: _____ State _____ City _____ Zip code _____

Name of Mother/Guardian: _____ Legal Custody: YES/NO Physical Custody: YES/NO

Telephone #: _____ Cell #: _____

Address: _____ State _____ City _____ Zip code _____

RESPONSIBLE PARTY IS: (Circle one) FATHER MOTHER GUARDIAN OTHER: _____

MEDICAL INSURANCE INFORMATION: *If child has Medicaid, covering subscriber would be "self"

Name of Covering Subscriber: _____ Relationship to Cadet: _____

Adult's Date of Birth: ____ / ____ / ____ Adult's Social Security #: _____

Type of Medical Coverage: _____ *ex: Kaiser, HMSA etc.

Subscriber ID: _____ Group #: _____

PARENT/GUARDIAN NAME _____ SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME _____ SIGNATURE _____ DATE _____

**HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY
MEDICAL AID STATION
Medical Treatment Authorization & Release of Information**

FULL NAME of CADET: _____

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** ____ / ____ / ____

By my signature below, I hereby grant permission for my child to receive emergency medical treatment, non-emergency medical treatment, behavioral/mental health care and/or routine health care as deemed necessary by the medical staff while enrolled as a candidate/cadet at YCA. Consent is granted for the medical staff of YCA to act in my stead to select attending physicians, specialists, surgeons, psychiatrists, therapists, dentists, and medical facilities as necessary. I understand that I am financially responsible for services provided to my child and may receive a statement/bill from professional/physicians or medical facilities.

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize medical doctors and/or facility (doctor office, dental office or Emergency Facility) to release/obtain the protected health information of my child listed above to the Hawaii National Guard Youth Challenge Academy YCA medical staff upon request. Information to be disclosed includes:

Discharge Summary, ER reports, history & Physical, Laboratory results, consults, X-ray/imaging reports, operative reports, entire records and/or other for the purpose of; individual request, legal purposes, insurance, physician follow-up at YCA and/or other.

This authorization will remain in effect during my child enrollment at Hawaii Youth Challenge Academy or until revoked by me in writing and that statement is received by the MAS staff.

Parent/Guardians Name: _____

Parent/Guardians Signature: _____

Date: _____