

## University of Texas at Arlington 2007 Marching Band Camp

Thank you for requesting information about the University of Texas at Arlington Summer Marching Band Camp. We hope that you will find our camp a rewarding educational experience, as well as a wonderful place to make new friends.

This year's camp will be held Sunday, June 17<sup>th</sup> through Thursday, June 21<sup>st</sup> and features a nationally recognized faculty of teachers and authorities on marching band. This packet contains answers to the most commonly asked questions about the camp, as well as an application and registration forms.

**Since enrollment is limited, students are encouraged to register as soon as possible. Applications will be accepted on a space-available basis and processed in the order they are received until the camp is full.** Please note that either a \$25.00 non-refundable deposit or the full amount must accompany the application in order to be processed. All outstanding balances must be received in the camp office no later than Friday, June 8<sup>th</sup>.

Students will be housed this year in Arlington Hall and Kalpana Chawla (KC) Hall. They are two of the premiere residence halls at any Texas university and the newest on the UTA campus.

Please fill out the online application first, and if you did not provide credit card information then please mail in your payment. Once we receive your payment we will send a final confirmation email or letter if no email is provided. This confirmation will reflect the type of participation plan selected for the student, the elective assigned, and the registration schedule for the first day of camp.

In order to participate in the camp, you must also return the Authorization for Medical Treatment, Report of Medical History and Privacy Practices forms included in the application packet prior to the start of camp. These forms should accompany your camp application and payment.

Should you have any questions that are not answered by this packet, please call Tiffany Nagle, Summer Camp Secretary at (817) 272-2533, or e-mail your questions to [bandofc@uta.edu](mailto:bandofc@uta.edu). We hope you will choose to be a part of the excitement of the UTA Marching Band Camp. See you in June!

Sincerely,

Douglas Stotter  
Director, UTA Summer Music Camps  
Director of Bands

UNIVERSITY OF TEXAS AT ARLINGTON  
2007 MARCHING BAND CAMP  
GENERAL INFORMATION

**\*\* The Authorization for Medical Treatment, Report of Medical History and Privacy Practices forms must be filled out and returned before June 17<sup>th</sup> in order for you to participate.**

**\*\* All students, including those who have paid all fees and returned all forms in advance, must attend the Camp Meeting, Auditions and Registration.**

**FINAL EXHIBITION INFORMATION**

The Final Exhibition will begin at 7:00 p.m. on Thursday, June 21<sup>st</sup> in Texas Hall.

**BOARDERS WHO TRAVEL BY PLANE**

Students traveling to the Dallas/Fort Worth area by plane may either fly into DFW International Airport (15 minutes from UTA) or Love Field (45 minutes from UTA). Those students needing ground transportation to and from the airport should request information on local shuttle services by calling the band office at (817) 272-2533.

**IMPORTANT INFORMATION**

**A. Clothing**

Students should wear cool, comfortable summer clothing during the week.

**B. Medical Information**

1. Treatment

Emergency illness or injury accidents should be brought to the attention of faculty or counselors immediately. If medical attention is necessary during daytime hours, students will be accompanied to the University Health Center for treatment. Dorm students who require medical care during the night will be taken to Arlington Memorial Hospital. Should any medical services be necessary, a staff member will accompany the student to the appropriate facility and contact the parent or guardian.

2. Insurance

*Parental insurance will be the primary coverage for services incurred at any of the local hospitals or medical facilities.* The UTA Music Camps Insurance will be a secondary coverage that coordinates with your primary coverage.

3. Prescription Medicines

Students taking prescription drugs should notify camp administrators in writing concerning the specific medicine, dosage, and frequency of medication. If detailed information is required, please attach a separate sheet to the Medical Release Form. **Failure to adhere to this policy will be considered a violation of university drug policies and may result in suspension from camp without refund.**

**C. Parking**

Students who have their own automobiles on campus must purchase a parking tag that is valid for the week of camp. The price of the tag is \$2.00. Students who drive a car to camp are not allowed to transport any other campers at any time during the camp without the written permission from all parents of the students involved. The University, camp faculty, and staff members are not responsible for any damages or injuries to students (drivers or passengers) who violate this rule.

**D. Meals**

Breakfast, Lunch and Dinner are provided as part of the Boarder Registration fees. Commuters may elect to pay per meal or purchase a lunch only (M-Th) meal plan in addition to the tuition. This option is only available in advance of the camp and will **not** be available on the first day of camp.

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**E. Telephones**

Dorm rooms are not equipped with phones. However, students may elect to bring their own phone and phone cord if they desire.

**F. Class Attendance**

The schedule for the week requires timely attendance at all classes and rehearsals on time so that the week can run as smoothly as possible. University classes are being held in the Fine Arts Building during the day, so please be quiet and courteous in changing classes inside the building.

**G. Damages**

Students and their parents will be financially responsible for any damage to University or personal property that occurs intentionally or through negligence on the part of the student.

**H. Permission to Leave Campus**

Commuting students who must leave campus for personal reasons must have written permission from their parents/guardians. Dorm students may not leave campus at any time, from the time they check into the dorm until they check out of the dorm at the end of camp, without the prior written permission of their parents/guardians and either the Senior Resident Counselor, or the Camp Director's prior consent. Violations of these rules will be cause for immediate dismissal from camp. The University and camp faculty and staff members will not be responsible for any property damage or student injuries to those who violate this rule.

**I. Behavior/Discipline**

It is our goal to provide a fun and enjoyable camp experience in an educational setting. Students are however expected to exhibit acceptable behavior at all times in the dorm, rehearsals, and classes. Any student whose behavior becomes a distraction or is detrimental to the camp experience of others will receive one warning concerning their unacceptable behavior. A second offense may result in expulsion from camp. No refunds or any fees or deposit will be made to any student who is sent home for disciplinary reasons.

**J. Refunds**

If a student is unable to attend camp, refunds will be based on the following schedule:

Prior to May 24 <sup>th</sup>	All fees refunded except the deposit
Between May 25 <sup>th</sup> and June 8 <sup>th</sup>	Tuition portion only refunded
After June 8 <sup>th</sup>	No refunds

**\*\*\*Note: The \$25.00 deposit is NOT refundable at any time.\*\*\***

**K. Evening Activities**

All camp students are welcome and encouraged to attend. **Parents may pick up students following evening activities at the East entrance of Arlington Hall only!**

**L. Mail**

Mailing address while at camp:

Student Name  
Summer Music Camps  
Music Department, Box 19105  
University of Texas at Arlington  
Arlington, TX 76019-0105

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**BRING THE FOLLOWING ITEMS TO CAMP:**

- Extra spending money for meals or snacks (boarders have three meals per day included in the boarder fees). A suggested amount is \$20.00.
- Commuters should plan on \$8 - \$10 per day for the cost of lunch.
- Automobile registration fee if you plan to leave a car on campus (\$2.00)
- Students staying in the dorms should bring their own towels, linens, and pillows. (Note: beds are twin size)
- Pencils
- Notebook with paper
- Watch
- Change for vending machines. (The Music Office does not have change and cannot refund any money lost in the vending machines).
- Clothing and accessories: summer clothing (shorts, tennis shoes, T-shirts, etc.), **sunscreen**, sunglasses, hat, thermos or water bottle (optional).
- Drum Majors: portable stereo (one per team), cassette or CD of music for fall show (if available), extra batteries
- Leadership: notebook and pens or pencils (You do not need your instrument)
- Colorguard: Flag, Rifle and/or Sabre
- Percussion: Instrument you would like to audition on (except keyboards), sticks, mallets, carriers, drum stands, and practice pad

**EMERGENCY PHONE NUMBERS**

**CAMP OFFICE** (817) 272-6010(week of camp only) or (817) 272-2533 (9 a.m.-5 p.m.)

**ARLINGTON HALL** (817) 272-7951

**UTA POLICE** (817) 272-3381 (**After 5 p.m. for emergencies only.**)

**\*The proper signed medical forms must be on file before you will be allowed to participate in any camp activity.**

Additional questions concerning the UTA Music Camps should be directed to Tiffany Nagle, Camp Secretary, at (817) 272-2533, or email at bandofc@uta.edu.

**\*\*If you require an accommodation based on a disability, please call the camp office to make arrangements.**

# UNIVERSITY OF TEXAS AT ARLINGTON

## General Camp Rules

1. **Daily Camp Meeting** is held each morning. Attendance is required of all campers.
2. **Camp Office** is located in the Fine Arts Building, Room 104. For your assistance, faculty or counselors are on duty in this room during the day.
3. **Food and beverages** are not allowed in Irons Recital Hall, rehearsal halls, or classrooms.
4. **Camp Badges** must be worn in a visible location on the shirt at all times and should be worn only by the owner of the badge. Lost badges must be replaced in the Camp Office at the cost of \$1.00.
5. **Boarders leaving the UTA campus for any reason without written permission from parents or guardians of students may be dismissed from camp without refund.** Boarders are not to accept rides from commuter students. Campus boundaries for campers include the dorms, University Center, Texas Hall, and the Music Building. Students should not go beyond the designated facilities or into any University building where there is no camp activity.
6. **Commuters staying for evening activities** may be picked up on the East side entrance of Arlington Hall only!
7. **All personal property, including instruments, purses, and money are the responsibility of the owners at all times. The university and summer camps take no responsibility for lost or misplaced belongings.** It is not advisable that students keep large sums of money in dorm rooms. Items of value should not be left unattended in any university room or building. Names should be clearly marked on all property. It is strongly recommended that parents make note of instrument make, model, and serial numbers before the student arrives at camp.
8. **Automobiles belonging to campers may not be used during the hours of the camp unless written permission is obtained in advance.** Permits for parking your car on the campus are required; these should be purchased during registration.
9. **Students taking prescription drugs** should notify camp administrators on the medical release form and include the specific medicine, dosage, and frequency of medication. **Failure to adhere to this policy will be considered a violation of university drug policies and may result in suspension from camp without refund.**
10. **Students should dress appropriately.** Inappropriate clothing or clothing with offensive slogans will not be tolerated.
11. **Pets, alcoholic beverages, knives, illegal drugs, smoking, gambling, explosives, and weapons of any kind are forbidden on the university campus at all times.** Violation of this policy will result in dismissal from camp without refund as well as possible prosecution.
12. **Attendance at rehearsals and performances** is mandatory of all participants. Any absence must be cleared in advance by notifying in writing the camp director and instructors in charge.
13. Any student leaving campus (with permission) must sign out through the camp office! (Rm. 104 in the music building)

***Violation of camp rules and dormitory regulations may result in the student's expulsion from camp without refund. Parents will be notified and arrangements will be made to send the student home.***

## **DORMITORY REGULATIONS**

**Students must adhere to evening dormitory hours listed in the schedule**

1. **Dormitory hours:**
  - 9:30 p.m. - in dormitory**
  - 10:00 p.m. - in dormitory rooms**
  - 10:30 p.m. - lights out**
2. **Running** is not allowed in the residence halls.
3. **Rooms should be kept locked at all times.**
4. **Lost room keys** must be replaced by the student at a cost of \$25.00 per key. (2 keys are assigned to each student)
5. **Lights-out and complete quiet** will be observed at 10:30 p.m. Students violating lights out rules will be subject to disciplinary action.
6. **Telephones are not to be used by students after lights out.** Abuse of phone privileges will result in loss of the phone for the duration of camp.
7. **Lounges** should be kept neat and free of clutter at all times.
8. **Students are not allowed to enter the rooms or halls of the opposite gender at any time.**
9. **Dormitory rooms must be kept clean at all times.** Persons occupying rooms are responsible for any defacement of dorm property. Each person in the room will be held responsible and any damages will be charged to the individual by the University Business Office.
10. **No Practicing** in Dorm Rooms.
11. **Dormitory windows** are to remain closed and free of writings, signs, etc. at all times.
12. **Radios, televisions, or stereos** should not be audible outside the dorm room. Violation of this policy may result in confiscation of the device until the end of camp.
13. **Fire escape and tornado information** is posted in the residence hall and should be read by all campers.
14. **No unauthorized person may be in the dormitory at any time. This includes students participating in other camps being held on campus. Boy/girl friends should be instructed not to visit on campus during the camp week. Commuters should not be in any student's dorm room at any time.**

***Violation of camp rules and dormitory regulations may result in the student's expulsion from camp without refund. Parents will be notified and arrangements will be made to send the student home.***

# 2007 UTA Marching Band Camp

## Schedule Overview

### Sunday (June 17)

11:30-3:00 p.m.	Full Camp Check in, Dorm Check-in (exact times vary-see confirmation letter)
3:00-3:30 p.m.	General Camp Meeting (Rm. 105, Irons Recital Hall)
3:30-6:30 p.m.	First Classes
6:30 p.m.	<i>End of Rehearsal Day</i>
6:45-8:30 p.m.	Cook Out (Arlington Hall Courtyard, Commuters Welcome)
9:00-9:45 p.m.	Boarder Meeting (Arlington Hall Lobby)
10:00 p.m.	In Dorm
10:30 p.m.	In Rooms
11:00 p.m.	Lights Out

### Monday (June 18)

7:00-8:30 a.m.	Breakfast
8:45-9:30 a.m.	Full Camp Warm-up and Stretch
9:45-11:45 a.m.	Morning Classes
11:45-1:15 p.m.	Lunch
1:15-5:45 p.m.	Afternoon Classes
5:45 p.m.	<i>End of Rehearsal Day</i>
5:45-7:15 p.m.	Dinner
8:00-10:00 p.m.	Game Night (Billiards, Bowling, Video Games!)
9:30 p.m.	In Dorm
10:00 p.m.	In Rooms
10:30p.m.	Lights Out

### Tuesday (June 19)

7:00-8:30 a.m.	Breakfast
8:45-9:30 a.m.	Full Camp Warm-up and Stretch
9:45-11:45 a.m.	Morning Classes
11:45-1:15 p.m.	Lunch
1:15-5:30 p.m.	Afternoon Classes
5:30-6:00 p.m.	UTA Information Session
5:45 p.m.	<i>End of Rehearsal Day</i>
5:45-7:15 p.m.	Dinner
8:00-10:00 p.m.	Fun Fest (Arlington Hall Courtyard)
9:30 p.m.	In Dorm
10:00 p.m.	In Rooms
10:30 p.m.	Lights Out

**Wednesday (June 20)**

7:00-8:30 a.m.	Breakfast
8:45-9:30 a.m.	Full Camp Warm-up and Stretch
9:45-11:45 a.m.	Morning Classes
11:45-1:15 p.m.	Lunch
1:15-5:45 p.m.	Afternoon Classes
5:45 p.m.	<i>End of Rehearsal Day</i>
5:45-7:15 p.m.	Dinner
8:30-10:30 p.m.	Full Camp Dance (University Center)
10:30 p.m.	In Dorm
11:00 p.m.	In Rooms
11:30 p.m.	Lights Out

**Thursday (June 21)**

7:00-8:30 a.m.	Breakfast
8:45-9:30 a.m.	Full Camp Warm-up and Stretch
9:45-11:45 a.m.	Morning Classes
11:45-1:15 p.m.	Lunch
1:15-4:00 p.m.	Afternoon Classes
4:00 p.m.	Dismiss (Pack Early, ect.)
4:30-6:00 p.m.	Dinner
6:00-6:45 p.m.	Class (Prepare for Exhibition)
7:00 p.m.	Exhibition and Awards Ceremony (Texas Hall)
8:30 p.m.	Camp Ends
8:45 p.m.	Boarders check out of dorms.

**\*\*Please note: This schedule is provided as an overview. A final schedule with exact locations, room numbers, and specifics for each division will be available at the beginning of camp. Note that the meal times will vary slightly for each division (Drum Major, Leadership, Colorguard or Percussion).**

**Commuters not staying for evening activities may be picked up at the end of the rehearsal day (noted in the above schedule).**





Please complete this form and sign at the bottom. Information given will become a part of your health record and will be held in strict confidence.

UTA HEALTH SERVICES  
The University of Texas at Arlington  
UTA Box 19329  
Arlington, TX 76019-0329

This information is strictly for the use of the Health Services and will not be released to anyone without your knowledge and consent.

[http://www.uta.edu/health\\_services/health.html](http://www.uta.edu/health_services/health.html)

REPORT OF MEDICAL HISTORY

Last Name (please print)                      First                      Middle                      Date of Birth                      Sex                      ID#

Local Address (Number & Street)                      City                      State                      Zip                      Home and Work Phone #'s

Are you covered by UTA Student Insurance?    ( ) Yes    ( ) No    If yes, list date of coverage: \_\_\_\_\_

Are you covered by other insurance?    ( ) Yes    ( ) No    If yes, list company: \_\_\_\_\_

**FAMILY HISTORY: Have any blood relatives ever had the following:**

	Yes		No		Relationship	Yes		No		Relationship
Allergies										
Diabetes					Epilepsy, Convulsions					
Heart Disease					High Blood Pressure					
					Tuberculosis					

**PERSONAL HISTORY: Please answer all questions. Have you ever had or do now have:**

	Yes		No			Yes		No			Yes		No				
Measles					Shortness of breath					Rheumatic Fever or Heart Murmur					Head Injury with Unconsciousness		
German Measles					Gallbladder Trouble or Gallstones					Stomach or Intestinal Trouble					High or Low Blood Pressure		
Mumps					Recurrent Diarrhea					Rupture, Hernia					Surgery: List Below		
Tuberculosis					Recent Gain or Loss Of Weight					Disease or Injury of Joints, Back							
Arthritis					Pain/Pressure in Chest					Tumor, Cancer, Cysts					<b>ALLERGIES- Drugs or Other</b>		
Epilepsy, Convulsions					Chronic Cough												
Asthma, Hay Fever					Palpitations (Heart)												
Eye Disease					Weakness, Paralysis												
Ear, Nose, Throat Trouble					Dizziness, Fainting												
	Yes	No				Yes	No				Yes	No					
A. Are you currently under the care of a physician?					B. Are you taking any medication for heart disease or high blood pressure? If yes, Please list.					C. Are you currently taking any other prescription medication on a routine bases? If yes, please list.							

STATEMENT OF AUTHORIZATION

I authorize the Student Health Center at The University of Texas at Arlington to administer medical and surgical treatment and to perform routine and emergency diagnostic and therapeutic procedures as deemed necessary by duly licensed medical personnel.

Signature of Student                      Date

Signature of Parent of Guardian is required if student is under age 18.                      Date

**THIS FORM ,THE REPORT OF AUTHORIZATION FOR MEDICAL TREATMENT FORM AND PRIVACY PRACTICES ACT FORM SHOULD ACCOMPANY THE APPLICATION. STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT THESE THREE FORMS COMPLETED AND SIGNED.** Bring to registration or mail to: UTA Summer Music Camps, Department of Music, Box 19105, Arlington, Tx 76019-0105  
**NO LATER THAN THE FIRST DAY OF CAMP!**

# The University of Texas at Arlington Health Services

## Notice of Privacy Practices

**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.**

1. **Purpose:** The University of Texas at Arlington Health Services (HS) and its professional staff, employees, and volunteers and all of its affiliated entities (UT SW Medical School) (referred to collectively as Hospital) follow the privacy practices described in this Notice. Health Services (HS) maintains your medical information in records that will be maintained in a confidential manner, as required by law. However, the HS must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, the HS must share your medical information as necessary for treatment, payment and health care operations.

2. **What Are Treatment, Payment, and Health Care Operations?** Treatment includes sharing information among health care providers involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications, or with radiologists or other consultants in order to make a diagnosis. Health Services (HS) may use your medical information as required by your insurer or HMO to obtain payment for your treatment and hospital stay. We also may use and disclose your medical information to improve the quality of care, for example, for review and training purposes.

3. **How Will HS Use My Medical Information?** Your medical information may be used or disclosed, unless you ask for restrictions on a specific use or disclosure, for the following purposes:

- Family members or close friends who may consent to your treatment or who are involved in the payment for your treatment.
- American Red Cross (or a government disaster relief agency) if you are involved in a disaster relief effort.
- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to our health that may be of interest to you. (You will have an opportunity to refuse to receive this information.)
- Used (or disclosed to a business associate) for fundraising activities, but such information will be limited to your name, address, phone number, and the dates you received services at HS. (You will have an opportunity to refuse to receive these communications.)
- As required by law.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required or authorized by law).
- Health oversight activities, *e.g.*, audits, inspections, investigations, and licensure.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information).
- Law enforcement (*e.g.*, in response to a court order or subpoena).
- To coroners and medical examiners.
- Organ and tissue donation.
- Certain research projects approved by an Institutional Review Board.
- To prevent a serious threat to health or safety.

- To military command authorities if you are a member of the armed forces.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- To carry out treatment, payment, and health care operations functions through business associates, *e.g.*, to install a new computer system.
- Alcohol and drug abuse information has special privacy protections. Health Services will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse treatment unless: (i) the patient consents in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

Certain types of information may be subject to additional restrictions on disclosure, such as AIDS test results and psychotherapy notes.

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

**5. You Have Rights Regarding Your Medical Information.** You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by HS:

- **Right to request restriction.** You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (*e.g.*, you may ask us not to disclose that you have had a particular procedure), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to inspect and copy your medical information regarding decisions about your care. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; in some cases you may request review of the denial by another licensed health care professional chosen by HS. Health Services will comply with the outcome of the review.
- **Right to request amendment.** If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment on the form provided by HS, which requires certain specific information. Health Services is not required to accept the amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your medical information that have been made to persons or entities in the past six years, but not prior to April 14, 2003 (such list will not include disclosures made pursuant to an authorization or for treatment, payment, and health care operations). After the first request, there may be a charge.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our web site, <[http://www.uta.edu/health\\_services/health.html](http://www.uta.edu/health_services/health.html)>.

**6. Requirements Regarding This Notice.** Health Services (HS) is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. Health Services (HS) may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future. Each time you register at HS for health care services, you may receive a copy of the Notice in effect at the time.

**7. Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Executive Director of Institutional Compliance, the University of Texas at Arlington, 305 Davis Hall, Box 19119, Arlington, TX 76010, 817/272-5100, or with the U. S. Department of Health & Human Services, Office of Civil Rights, 200 Independence Avenue, S. W., Washington, D. C. 20201. *You will not be penalized or retaliated against in any way for making a complaint to the HS or the Department of Health and Human Services.*

**Contact: The University of Texas at Arlington Health Services at 817/272-2771 if:**

- **you have a complaint;**
- **you have any questions about this Notice;**
- **you wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or**
- **you wish to obtain a form to exercise your individual rights described in paragraph 5.**

INSERT INTO THE LAST PARAGRACH IN SECTION 3 FOR ENTITIES THAT HOLD THESELVES OUT AS PROVIDING ALCOHOL OR DRUG ABUSE DIAGNOSIS TREATMENT OR REFERRAL AND THAT RECEIVE FEDERAL ASSISTANCE:

- Alcohol and drug abuse information has special privacy protections. The HS will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse treatment unless: (i) the patient consents in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

# The University of Texas at Arlington Health Services

## Notice of Privacy Practices Acknowledgement of Receipt Form

Your signature below indicates that you have been offered a copy of the UTA Health Services Notice of Privacy Practices. If you have any questions about the Notice of Privacy Practices, please call UTA's contact person at (817) 272-5100.

*I have been offered the Notice of Privacy Practices.*

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Print Student Name Date

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ ID# \_\_\_\_\_

### FOR OFFICE USE ONLY:

UTA will make a good faith effort to obtain a written acknowledgement of receipt of the Notice provided to the individual. If the patient is unwilling or unable to sign this acknowledgement and record the reason why the acknowledgement was not obtained.

Reason: \_\_\_\_\_

Staff Signature: \_\_\_\_\_