

# GIRLSTRONG DAY CAMP ENROLLMENT PACKET

## NO GIRLSTRONG CAMPER CAN ATTEND SESSIONS WITHOUT COMPLETED INTAKE PAPERWORK AND SIGNED PARENT/GUARDIAN PERMISSION

### GIRLSTRONG CAMPER INFORMATION *(Person for whom services are being sought)*

\_\_\_\_\_  
Client/Camper First Name      M.I.      Last Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth      \_\_\_\_\_  
Last Completed Grade of School      \_\_\_\_\_  
School Attended

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

\_\_\_\_\_  
Address      \_\_\_\_\_  
City      Zip Code

Preferred Email Contact Address: \_\_\_\_\_

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### **EMERGENCY CONTACT** *(please list any legal guardian)*

#### **Contact #1**

\_\_\_\_\_  
First Name      \_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address      \_\_\_\_\_  
City      Zip Code

Emergency contact number \_\_\_\_\_ Relationship: \_\_\_\_\_

#### **Contact #2**

\_\_\_\_\_  
First Name      \_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address      \_\_\_\_\_  
City      Zip Code

Emergency contact number \_\_\_\_\_ Relationship: \_\_\_\_\_

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### **HEALTH INFORMATION**

\_\_\_\_\_  
Primary Care Physician      \_\_\_\_\_  
Phone Number

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Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Does client have any past or significant Medical Problems and/or Diagnosis? Yes No

If yes, please describe: \_\_\_\_\_

Is client currently taking any medications? Yes No If yes, then please list what medications:

\_\_\_\_\_

Does client have any allergies or adverse reactions? \_\_\_\_\_

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**I WOULD LIKE FOR MY CHILD TO WORK ON:**

\_\_\_\_\_

\_\_\_\_\_

**Parental and/or Guardian Consent for Services**

I understand that I am giving consent for my child \_\_\_\_\_ (child's name) to attend Edmond Family Counseling's GirlStrong Day Camp program. The GirlStrong program utilizes evidence-based and best practices curriculum to assist participants in developing positive coping strategies while boosting self-esteem and increasing individual resiliency. Program emphasis is on identifying and strengthening participants' skills in the areas of self-image, goal setting, decision making, assertiveness, conflict resolution and peer relationships.

Participants will receive five instructional sessions, held from 9:00 am to 12:00 pm Monday through Friday at Edmond Family Counseling. Sessions will be facilitated by Edmond Family Counseling's trained professional staff. All participants on the last day of GirlStrong will be given a certificate of completion.

For additional information please feel free to contact EFC's Administrative Manager, Justice Hernandez, at 405-341-3554.

Camper participation in the GirlStrong program is completely voluntary and at the parents/guardians' discretion. Every effort will be made to provide and respect group participant confidentiality as per HIPPA guidelines.

Please sign the form below to indicate your consent and return page one and page two of the GirlStrong enrollment packet to Edmond Family Counseling by **ONE WEEK PRIOR TO CAMP STARTING DATE.**

I give my consent for my child to participate in the 2026 GirlStrong Day Camp program

*Parent/Guardian (please print)* \_\_\_\_\_

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**Parent/Guardian Signature**

**Date**



## Photo Release Form of a Minor

| Minor Name | Minor Age | Minor Birthdate |
|------------|-----------|-----------------|
| 1.         | 1.        | 1.              |

I, \_\_\_\_\_ hereby grant and authorize on behalf of the following minor(s) \_\_\_\_\_ the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of any and all pictures or video taken of Minor(s) to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits, and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

This authorization extends to all languages, media, formats, and markets now known or later discovered.

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing, or the Minor(s) revokes this authorization in writing upon reaching majority age.

I waive any right that I or the Minor(s) may have to inspect or approve any finished product in which Minor's likeness appears, including written or electronic copy.

I agree that Minor(s) has/have been compensated for this use of Minor(s) likeness or has otherwise agreed to this release without being compensated. I waive any right to royalties or other compensation arising or related to the use of the photograph.

I understand and agree that these materials shall become the property of **EDMOND FAMILY COUNSELING, INC.** and will not be returned.

I hereby hold harmless and release **EDMOND FAMILY COUNSELING, INC.** from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate and Minor(s) estate(s).

I warrant that I am of full age and have every right to contract for Minor(s) in this regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with its contents.

This release shall be binding upon Minor(s) and me, and our respective heirs, legal representatives, and assigns.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Minor(s): \_\_\_\_\_

Date: \_\_\_\_\_

## **GIRL STRONG DAY CAMP RULES**

- 1. Phones are permitted at camp but will be put away during instructional sessions. Phones can be accessed at break time if needed. If you need to contact your child during camp session, please call the front office: 405-341-3554.**
- 2. Dress comfortably! Closed toed shoes preferred. We will be playing team building games and learning physical calming strategies, so be ready to move around!**
- 3. Water and snacks will be provided during the camp session. No outside food or drinks are permitted. Please let us know of any food allergies your child has.**
- 4. Campers should be dropped off no earlier than 8:45 a.m. and picked up no later than 12:15 p.m.**
- 5. We will be following the current C.D.C. guidelines for social distancing throughout camp sessions. Masks are available for campers but are not required.**
- 6. Our goal is to create a safe environment for the campers throughout the duration of the camp. If you need help for any reason during camp sessions, please ask a staff member for assistance.**
- 7. Throughout the camp sessions, campers will be asked to share and answer questions asked by staff members during lessons. Sharing is encouraged however it is not required.**
- 8. What we say here is private and stays in the group. The group is only as confidential as each of us makes it. The limits to confidentiality are: potential harm to self, potential harm to others, and suspected or actual abuse of a child, elderly person, or vulnerable adult.**
- 9. Everyone has the right to “pass” if they do not desire to engage in a particular topic or activity. Participation is shown by being with the group, being aware of group process.**
- 10. No fighting or arguing. (Please use “I” statements to communicate thoughts/feelings to others.)**
- 11. Each person gets time to talk.**
- 12. When someone is talking, everyone else will listen. In this way, we show respect for one another and are able to hear others’ ideas/opinions/etc.**

**EDMOND FAMILY COUNSELING CLIENT/CONSUMER BILL OF RIGHTS  
FOR GIRLSTRONG DAY CAMP PROGRAM**

**Each camper has the right to be treated with respect and dignity.**

1. Each camper shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
2. Each camper has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition, or sexual orientation.
3. No camper shall be neglected or sexually, physically, verbally, or otherwise abused.
4. Every camper's records shall be treated in a confidential manner.
5. Each camper shall have the right to assert grievances with respect to an alleged infringement on his or her rights.
6. No camper shall ever be retaliated against or subjected to any adverse change of conditions or treatment because the client/consumer asserted his or her rights.
7. Edmond Family Counseling's GirlStrong Day Camp program is underwritten and funded by the Community Based Youth Service Division of the Oklahoma Office of Juvenile Affairs.

*At any time you may call:*  
Office of Juvenile Affairs General Advocate  
P.O. Box 268812 OKC, OK 73126-8812  
Phone #: 530-2939

**EDMOND FAMILY COUNSELING CONSUMER/CLIENT COPY  
SUMMARY OF STATE (43A O.S. 3-422 & 3-423) CONFIDENTIALITY RULES**

Client records and clinical information are confidential and are protected under the provisions of 43A O.S. paragraphs 3-422 & 3-423; and of (U.S.) 42CFR Part 2. For clients who have not been referred from the criminal justice system the policies and procedures of Edmond Family Counseling, Inc. shall include, but not be limited to:

1. Medical records and all communications between client and doctor or psychotherapist are privileged and confidential; with such information limited to persons/agencies actively engaged in treatment of the client or related administrative tasks.
2. Privileged/confidential information shall not be released to any person or entity not involved in the client's treatment without the written, informed consent of the client, or his/her guardian, or parent of a minor child, or a private or public childcare agency having legal custody of the minor child.
1. Identifying information may be released without the consent required above when:
  - A. It is required to fulfill any statutorily required reporting of child abuse (10 O.S. par. 7005 (1.7) and abuse of elderly or incapacitated adults (43A O.S. par. 10-104); or
  - A. As provided by 10 O.S. par. 7005 (1.1) through 7005 (1.3); or
  - A. On the order of a court of competent jurisdiction; or
  - A. Holders of contracts with ODMHSAS having signed a qualified service agreement (43A O.S. par. 1-109 (A) (2), as provided by said contract. These facilities shall have policy and procedures to permit transmittal of records and information regarding the care and treatment of a specific client as necessary and appropriate between them and/or the ODMHSAS, and/or another contracted holder of a qualified service agreement.
4. Restricting personal access of present or former clients to their records in a manner conforming to 43A O.S. par. 1-109 (B)
5. With the consent of the client, providing information to responsible family members as provided and limited in 43A O.S. par. 1-109 (C)(1-5).

6. The reviews of records by state or federal accrediting, certifying, or funding agencies may occur to verify services and/or facility compliance with statutes and/or regulations.

## **SUMMARY OF FEDERAL CONFIDENTIALITY RULES (42 CFR Part 2)**

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser **unless**:

1. The patient consents in writing
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

### **Edmond Family Counseling, Inc. Notice of Privacy Practices**

This notice talks about **privacy information**. This is nothing new. We've always taken great care to safeguard your privacy. What **is** new is a government regulation requiring us to explain your rights.

This notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. In the event that the notice is changed, a new notice will be sent to you by mail or at the time of your next appointment. You may request a copy of our Notice at any time.

This notice takes effect April 14, 2003, and will remain in effect until we replace it.

### **Uses and Disclosures of Protected Health Information**

#### **Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

You will be asked to sign a consent form. Once you have consented to the use and disclosure of your protected health information for treatment by signing the consent form, this agency will use or disclose your protected health information as described below.

**Treatment:** We may use and disclose, as needed, your protected health information to provide, coordinate, or manage your health care and any related services.

**Healthcare Operations:** We may use and disclose, as needed, your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of mental healthcare professionals, evaluating practitioner and provider performance, employee review activities, conducting training programs, accreditation, certification, licensing or credentialing activities, and conducting or arranging for other business activities.

#### **Uses and Disclosures of protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the Notice.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. In the event of your incapacity or emergency circumstances, we will disclose health information based on determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required by Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Health Oversight:** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Abuse or Neglect:** We may disclose your protected health information to the Department of Human Services which is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse or neglect to the Department of Human Services. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages or letters).

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq.

## Client Rights

**Access:** You have the right to inspect and copy your protected health information. We will use the format you request unless we cannot practicably do so. You must submit your request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information at the end of this notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If your request copies, we will charge you \$1.00 for the first page, and \$.25 each page thereafter to locate and copy your health information plus postage if you want the copies mailed to you. .

**Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.**

**Restriction:** You have the right to request a restriction of your protected health information. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. If we agree to the additional restrictions we will abide by our agreement (except in an emergency).

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected information will not be restricted.

**Alternative Communication:** You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must make your request in writing.

**Amendment Request:** You have the right to request that we amend your protected health information. Your request must be in writing and explain why the information should be amended. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**Disclosure Accounting:** You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment or healthcare operations as described in this Notice of Privacy Practices.

**Notice:** You have the right to obtain a paper copy of this notice from us upon request.

## Questions and Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

You may contact our Privacy Officer below for further information about the complaint process.

Attn: EFC Privacy Officer  
1251 N. Broadway, Ste. C  
Edmond, OK 73034  
(405) 341-3554

