

FORK UNION MILITARY ACADEMY INFIRMARY
P.O. Box 278
4744 JAMES MADISON HGY
FORK UNION, VA23055
PH: 434-842-4310 FAX: 434-842-4349
EMAIL: infirmary@fuma.org

Dear Parents,

Welcome to Fork Union Military Academy! Below you will find pertinent information in regards to medical requirements at FUMA.

HEALTH FORM

The Health Form, **available on the FUMA website**, must be completed by both you and your **son's physician**. This requirement applies **each year to both returning and new cadets**. You may fax, mail, or email the completed form to the above. **It is always advisable to bring a copy with you on check in day.**

IMMUNIZATIONS

Please note that FUMA requires immunizations that may be different than your son's previous school. **All requirements** are listed on page 4 of the Health Form and **should be complete before arrival**. Failure to produce documentation of all immunization requirements will delay entry to the Academy. Please bring these specific requirements to the attention of your son's physician:

- Varicella vaccine – **2 doses** or MD documentation of disease
- Hepatitis B vaccination series– Commonwealth of VA **requirement**
- MMR – 2 dose series (first dose must be after 12 months of age) –Commonwealth of VA **requirement**
- DTP/DTaP (3 doses min with 1 dose **after 4th birthday**)- Commonwealth of VA **requirement**
- Tdap –for all rising 6th graders- Commonwealth of VA **requirement**
- Polio (4 doses with 1 after 4th Birthday)- Commonwealth of VA **requirement**
- Meningococcal-Required
- Annual TB skin test – FUMA **requirement. This is not an option.**

MEDICATIONS

Cadets may not keep medications in their rooms without written approval by the Academy's Infirmary Staff. Please bring all "over the counter" and prescription medicines to the Infirmary upon arrival.

FUMA does **not** allow any performance enhancing supplements or "energy" drinks on campus.

If your child is on any behavior medication, the *Behavior Medication Form* (page 5 of the Health Form) is to be completed and signed by the physician who prescribed the cadet's medication. Such medications will be administered by the nurse. Fork Union Military Academy recommends periodic evaluation by the prescribing physician in regards to your son's treatment plan. Any changes or discontinuation in dosage must be in writing from the prescribing physician.

Parents should contact the Infirmary Staff regularly to confirm their son's medicine supply. It is the **parent's responsibility** to ensure that an adequate supply of medication refills remain available at the Infirmary. All medication bottles must be labeled with the correct name and correct medication. No medicine will be accepted out of the original container. The Academy Physician is not authorized to prescribe medications for behavioral or attention disorders.

Cadets are not allowed to transport any type of behavior medication to/from the Academy. All medicines must be delivered by an adult directly to the nurse on duty or shipped to the infirmary.

INFIRMARY SERVICES

The Yeatman Infirmary is staffed by registered nurses twenty-four hours a day. Sick call is held each weekday morning by the Academy Physician. In case of emergency after hours, arrangements are made for off campus treatment. No fee is charged for evaluation at sick call or admission to the Infirmary. If your cadet requires lab work, x-rays, or prescriptions, your insurance company will be billed for the amount and you will be responsible for any copay, if applicable. Should a physician's consult outside of the Academy be necessary, the nurse will contact you regarding arrangements. If your insurance requires a referral, please be prepared to initiate that with your son's primary care physician.

PHARMACY CHARGES for PRESCRIBED MEDICATIONS

Parents should send their son's prescription refills directly to the Academy Infirmary. **Cadets cannot be given medications to bring back to school.** If your son requires a prescription to be filled locally, you will be billed for the purchase on your monthly tuition account statement. Should you have a participating pharmaceutical plan, please provide us with a copy of your pharmacy card and we will submit it to the pharmacy with your son's prescription. The pharmacy will bill the insurance company and we will charge the copay to your tuition account. For non-participating pharmaceutical plans, a copy of the pharmacy charges printout for your submission to the insurance company may be obtained by contacting the Infirmary Staff.

SCHEDULING of MEDICAL or DENTAL APPOINTMENTS

Cadets are **not** excused from classes or granted leaves for **routine dental or medical** appointments, or to obtain treatment for ongoing conditions. Elective surgery or treatment, as well as dental appointments **must be scheduled** during Corps Leaves (Thanksgiving, Christmas, or Spring Leaves.) The Infirmary Staff must grant permission for a cadet to be excused from physical activity, such as military drill, marching of "extra duty" or athletic participation. If a physician outside of the Academy examines a cadet for any illness/injury, the cadet must return to school with **written documentation** of the nature of the illness and treatment plan, including any restrictions and follow up needed.

GLASSES

A cadet who wears glasses or contact lenses must keep a copy of his prescription and an extra set of glasses at the Academy. Glasses worn for sports must comply with ASTM F803 or ANSI Z87.1 standards.

ORTHODONTICS

Please review and complete as *needed*, the enclosed *Orthodontic Treatment Authorization Form* found in the Health & Immunization Record.

HEALTH INSURANCE

All cadets are required to have health insurance coverage while attending FUMA. If your son does not have a comprehensive injury and sickness plan, or if your son is an international student, **you will be required** to purchase a policy that covers your son while at FUMA. **Our health center will not accept medical insurance policies unless it is purchased from a US based company.** Travel insurance does not qualify as adequate insurance coverage.

Information on the 2018-19 **International** Health Care insurance coverage mandatory while at FUMA is available on the FUMA website. **Domestic students** will need to purchase coverage independently and have a copy, front and back, of their health care card on arriving to campus.

The Infirmary Staff looks forward to helping all cadets enjoy a healthy school year! If you have any questions about forms or procedures, please email or call the infirmary and a nurse will return your message as soon as possible. ***Your careful attention to these forms will save time on the day your son reports to school!***

Sincerely,

Randolph Lanford, MD, Medical Director

Juanita M Scott, RN, Director of Health Services

FORK UNION MILITARY ACADEMY
STUDENT INJURY & SICKNESS PLANS: 2018-2019 SCHOOL YEAR

Dear Parent/Guardian:

Out of concern for the health and welfare of all our students, **Fork Union Military Academy requires that every student, domestic and international, be covered by a comprehensive injury and sickness plan. It must be one that meets the high cost of medical services and is accepted by local providers and practitioners.**

For our International students, please note that our health center will not accept medical insurance policies issued in a foreign country or from a company outside the United States.

With the current and frequently changing state of health care coverage in the US, domestic coverage will fall strictly to parents and guardians.

While most USA families are insured under managed care programs (HMO'S, PPO'S, etc.) such "network plans" often create severe cumbersome administrative problems and procedures. In many cases these plans do not provide coverage for your child when away from home, and if they do, you are faced with up-front deductibles and co-payments not required when your child is home. It is your responsibility to contact your insurance company to discuss what benefits will be lost and what deductibles and co-payments will be required when your child leaves home.

To help you meet your financial responsibilities, we offer the following comprehensive plan for our **International students**:

PREMIER HEALTH PLAN

Provides primary, first dollar benefits for those of you who do not have any insurance or whose coverage is not accepted outside your geographical area. This plan will cover students for a 10 month period for \$2160.00. This plan was designed especially for private secondary schools and meets the mandated requirements of the Commonwealth of Virginia law.

Please complete the form below and return promptly to the Infirmary along with your son's Health Form and Immunization Record.

Detailed insurance plan information is available under downloadable forms on the FUMA website.

2018-2019 INTERNATIONAL STUDENT INJURY & SICKNESS PLAN

1. Enroll _____ in plan for:
STUDENT NAME
A full 10 months, August 1, 2018 to May 31, 2019 for \$2,160.00.

Parent or Guardian Signature

Date

2018-2019 DOMESTIC STUDENT INJURY AND SICKNESS PLAN

1. My son _____ is enrolled in an insurance plan. I accept full
STUDENT NAME
responsibility for all medical costs incurred by my child and will provide a copy, front and back of his current medical insurance card.

Parent or Guardian Signature

Date

Fork Union Military Academy Infirmary
PO Box 278, Fork Union, VA 23055
Ph: (434) 842-4310 Fax: (434) 842-4349 Email: infirmary@fuma.org

HEALTH FORM & IMMUNIZATION RECORD

This form constitutes a permission statement, which must be signed by the student's parent or guardian. Please **print** legibly.
The completed form must be returned to the Director of Health Services at the above address by **July 31**.
Please retain a copy for your records and bring it on registration day.

STUDENT'S NAME _____ BIRTHDATE ____/____/____
Last First Middle

HOME ADDRESS _____
Number and Street City State Zip

SOCIAL SECURITY # _____ -- _____ -- _____ SCHOOL YEAR _____ -- _____ GRADE _____

Student resides with (please circle one): Both parents, Mother, Father, Other _____

Father's full name _____ Res. Phone (____) _____

Email address _____ Cell _____ Bus. Phone (____) _____

Mother's full name _____ Res. Phone (____) _____

Email address _____ Cell _____ Bus. Phone (____) _____

Guardian's full name _____ Res. Phone (____) _____

Email address _____ Cell _____ Bus. Phone (____) _____

Alternate responsible person (other than parent) to be reached in case of emergency if parent or guardian is unavailable:

Name : _____ Relationship _____ Phone (____) _____

STUDENT'S HEALTH INSURANCE: (**Health Insurance is required and a copy of the insurance card, front and back must be included with this Health Form. Any changes during the year should be faxed/mailed directly to the infirmary.**)

Insurance Company _____ Policy holder Name _____

Policy holder SS # _____ Policy holder Date of Birth _____

MEDICAL AUTHORIZATION: I hereby authorize any hospital or physician to render necessary medical care to the cadet named above. This authorization does not include medical care beyond what is usual and customary for treatment on an outpatient basis, but does include x-rays, blood work, urinalysis, immunizations and appropriate medications.

- ⇒ In an emergency, if I cannot be reached by FUMA or hospital staff or by a treating physician, I consent for FUMA to act *in loco parentis* and to grant permission for emergency treatment, including surgery requiring the use of an anesthetic.
- ⇒ I authorize the FUMA Infirmary to exchange medical information with health-care providers as necessary to ensure provision of appropriate medical care to the cadet and to include filing of insurance information by providers.
- ⇒ I authorize any hospital or physician rendering necessary medical care to the cadet to provide copies of medical records and to share clinical information with the FUMA Infirmary Staff.
- ⇒ I authorize FUMA Infirmary staff to inform FUMA faculty and staff members about my son's medical conditions or treatments that may bear on his participation and performance in FUMA's educational, military, and athletic programs.

signature of parent or guardian

relationship

signature of cadet

date

FAMILY HISTORY:

	AGE	STATE OF HEALTH	OCCUPATION	AGE AT DEATH	CAUSE OF DEATH	Have any of your relatives had any of the following?	YES	NO	RELATIONSHIP
Father						Arthritis			
Mother						Asthma, Hay Fever			
Brothers						Diabetes			
						Epilepsy, Convulsions			
						Marfan Syndrome			
Sisters						Sickle cell or trait			
						Stomach Disease			
						Tuberculosis			

PERSONAL HISTORY: All questions must be answered. **Comment on all "YES" answers** in the space below or on an additional sheet. Mark if you have or have had any of the following:

	Yes	No		Yes	No		Yes	No		Yes	No
Diabetes			Asthma (last attack)			Sickle Cell or Trait			Marfan Syndrome		
Sugar in Urine			Hay Fever			Blood disorder/Anemia			Bedwetting		
Seizures			Chronic Cough			High Blood Pressure			Insomnia		
Measles			Recurrent Colds			Low Blood Pressure			Frequent Anxiety		
German Measles			Sinusitis			Dizziness/fainting			Depression		
Mumps			Ear or Nose Trouble			Weakness/Paralysis			Frequent Worry		
Chicken Pox (date)			Throat Trouble			Chest Pain/Pressure			Nervousness		
Malaria			Recent gain of weight			Heart Palpitations			Rage/Anger Issues		
Tuberculosis			Recent loss of weight			Shortness of breath					
Amoebic dysentery			Eating Disorder			Heart Murmur			Allergy:		
Recurrent Diarrhea			Injury of joints/bones			Heart Infection			(include reaction)		
Stomach Problems			Disease of joints			High Cholesterol			Penicillin		
Intestinal Trouble			Back Problems			Recurrent Headaches			Sulfonamides		
Gallbladder Disease			"Trick" knee			Rheumatic Fever			Other Medicines		
Jaundice			"Trick" Shoulder			Venereal Disease			Bee Stings		
Tumor, cyst, cancer			Head Injury			Kidney Disease			Foods (which)		
Hernia			Concussion/Unconscious			Frequent Urination			Other		
Skin Infection/Herpes			Skin Infection			Albumin in Urine					

COMMENTS:

Answer the following questions fully. No information should be withheld.

1. Has the student's physical activity been restricted during the past five years? (Give reasons and duration)
2. Has the student ever been hospitalized? (Give dates and details.)
3. Has the student ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injection, rehabilitation, physical therapy, a brace, a cast or crutches?
4. Has the student ever had an x-ray of your neck for atlanto-axial instability? OR has the student ever been told that he has any neck or spine disorders?
5. Has the student ever had numbness, tingling, or weakness in your legs or arms after being hit or falling? Has the student been unable to move your arms or legs after being hit or falling?

6. Does the student regularly wear a brace or assistive device?
7. Was the student born without, or is he missing a kidney, an eye, a testicle, or any other organ?
8. Has the student ever taken medication for depression, ADHD, behavior control or impulsivity? If so, list medications and if discontinued, the date of last dose.
9. Has the student received treatment or counseling (either in-patient or out-patient) for nervous condition, personality or character disorder, behavioral or academic issues, emotional disturbances or drug use? (Give dates and details.)
10. Has the student consulted or been treated by clinics, physicians, healers or other practitioners within the past five years? (Other than routine check-ups.)
11. Will the student require allergy injections while at FUMA? If so, bring all injection records and serum on admission day.
12. Because of the communal living conditions, FUMA **highly recommends** seasonal influenza vaccine for all students. The vaccine is administered at FUMA in the fall. Information for the vaccine is available at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>. Please indicate your consent by circling and signing below.

I consent for my cadet to be given the influenza vaccine at FUMA for this school year:

(please circle one) **YES** / **NO**

(signature)

EYE CARE:

It is strongly recommended that each student has a thorough eye exam before coming to school and that a copy of any lens prescription be included in this form. Many students wearing glasses are inconvenienced when their glasses are broken or lost. If contact lenses are worn, the student is **required** to have a pair of glasses for emergencies.

Students required to wear glasses for sports must have glasses, which comply with ASTM F803 or ANSI Z87.1 standards. Students playing racket sports are advised to use eye protectors. Your ophthalmologist will be able to advise you about the most important protection for your eyes. If students report for contact sports with glasses that do not meet the safety standard, they will not be allowed to participate.

MEDICATIONS :

List below **all** medications the student will be taking while attending FUMA. **All** medications must be checked by the Infirmary.

Signature of Parent or Guardian

Physician's Signature

Date

TO BE COMPLETED BY PHYSICIAN:

Exam must be within 1 year. Are there abnormalities of the following systems? Describe fully.

	Yes	No	Comments		Yes	No	Comments
Head ,ears, nose, throat				Hernia/Tanner Stage			
Hearing				Musculoskeletal			
Eyes				Metabolic/endocrine			
Cardiovascular				Neuropsychiatric			
Respiratory				Skin			
Gastrointestinal				Any other condition			
Genitourinary							

*As indicated	Is there any known condition or injury of:	Date	Treatment	Restrictions
Height _____	Ankle			
Weight _____	Knee			
B/P: _____	Shoulder			
Hb/Hct* _____	Head			
Urine* _____	Other Injury			

The following immunizations are required by the Virginia Department of Health.

Please complete full dates of all required immunizations:

REQUIRED IMMUNIZATIONS	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP/DTaP (3 doses min with 1 dose after 4th birthday)					
Tdap (for 6th grade entry , if 5 years since last DTP/Td)					
Polio 4 doses min (with 1 dose after 4th birthday)					
MMR 2 doses min (with first dose after 12 months)					
Hepatitis B (3 doses)					
Varicella (2 doses or date of disease or serological confirmation)			Date of disease	Serological confirmation:	
PPD <u>**REQUIRED**</u> (<i>must be within 1 year</i>) THIS IS NOT AN OPTION	Date planted	Date read	Result _____mm		
Meningococcal vaccine					

Is this student capable of physical activity and participation in a competitive athletic/military program?

Yes _____ No _____ If no, please specify: _____

Examining Physician (please print): _____ Signature _____

Exam Date _____ Phone # (____) _____ Fax # (____) _____

Address _____

Part I: TO BE COMPLETED BY PHYSICIAN (for cadets on behavior modifying medication)

BEHAVIOR MODIFYING MEDICATION FORM

In accordance with Fork Union Military Academy medication policy, the following form needs to be filled out and signed by the cadet's prescribing physician. Any changes or discontinuation in medication regimen during the school year must be **written by the prescribing physician**. The infirmary nurse can be reached at 434-842-4310 or a FAX may be sent to 434-842-4349.

Cadets are expected to report for prescription medications for behavior and learning disorders at the following times:

UPPER and MIDDLE SCHOOL

BREAKFAST	0630-0715
LUNCH	1145-1300
DINNER	1800-1820

Because of the structure and the class schedules found at Fork Union, these times are integrated into the school day and evening study period thus allowing for the most complete coverage of their medication doses. If you have questions regarding your patient's medication times please contact the Infirmary nurse.

MEDICATION	DOSE	FREQUENCY

 Student's name DOB

 Date

 Physician's name (print)

 Physician's signature

(_____)_____
 Phone number

(_____)_____
 Fax number

Part II: TO BE COMPLETED BY PARENT

Behavior evaluations are sent to the teachers each term and the results are forwarded to the parent. Please sign permission for these evaluations to be emailed to you and list the requested email address.

 Parent signature

 Email address

FORK UNION MILITARY ACADEMY Medication Policy (for all cadets/parents)

1. All medication must be authorized by the Infirmary nurse. Any natural therapies or supplements must be prescribed by a physician with written description of each substance and directions for use and follow up. **Performance enhancing supplements are not allowed on the FUMA campus. This includes weight loss or weight gain products, protein powders, mass gainers, etc.** Confiscated items will be destroyed if not collected by the cadet's parents within 30 days. No liquid, powder, or cold medications will be allowed in the barracks. All Middle School medications will be kept in the Infirmary.
2. All behavior medication must be kept in the Infirmary and administered by the nursing staff. Every effort is made to ensure that each cadet receives his medicine. However, **each cadet is held responsible for taking his medicine.** If a cadet does anything with his prescribed medicine other than take it as instructed, he is subject to dismissal from the Academy. Furthermore, a cadet's continued failure to take medicine as instructed can be cause for recommending his withdrawal from the Academy. It is the Academy's position that a cadet who does not have the maturity to take medications given to him does not have the requisite maturity to continue as a member of the Cadet Corps. This position stands regardless of how his actions may have been influenced by the condition for which the medications are prescribed.
3. **Cadets who do not report to the infirmary at the times above for medicine will be placed on report to the Commandant and subsequently disciplined.** It will be the cadet's responsibility to arrange to obtain his medicine if he is unable to come at the regular medicine administration time.
4. It is the **parents'** responsibility to ensure that an adequate supply of prescribed medication remains available at the Academy for administration to the cadet. **Parents are encouraged to contact the school nurse regularly to confirm the cadet's medicine supply as needed.** If the medicine prescription so permits, refills may be obtained through the local pharmacy, per the parent's instructions and charged to the cadet's tuition account. The Academy physician is not authorized to prescribe such medications. **Therefore, when a cadet's medicine supply runs out he will not receive medication until his parents have resupplied the school nurse. A cadet may also be sent home until his supply of medication is replenished.** All medications must be in the original prescription bottle indicating the student's name and proper medication/dosage. No loose medications will be accepted by the Infirmary staff.
5. The cadet's parents must also provide written instructions from the prescribing physician regarding regular daily and weekend dosages, as well as dosage modifications allowed on an as needed basis. The prescribing physician must authorize changes in type, dosage or frequency of medicine or discontinuation of medicine in writing. Likewise, monthly evaluation and written documentation with the prescribing physician is recommended. Parents are responsible for assuring that the documentation is forwarded to the Infirmary staff. **Failure to do these things may result in discontinuation of medication administration to the cadet.**
6. To insure proper monitoring of the medication's effectiveness, the cadet's parents should share with the prescribing physician regular reports and information, including instructors' classroom observations, regarding the cadet's conduct and academic performance at FUMA.
7. Supplies of behavior medications (Ritalin, Prozac, Dexedrine, Zolof, etc.) are **NOT** given to cadets as they depart on leaves. Parents must therefore maintain a supply of medicine at home for leave periods. Parents **may not** have cadets deliver medication to the Infirmary. **Behavior medicines must be delivered by the parents** to the Infirmary directly or through the mail.
8. When misconduct occurs, special accommodations cannot be made for cadets with attention or behavioral disorders without undermining the discipline and consistency essential to the Academy's military-styled learning environment. It is therefore not the Academy's policy to excuse misconduct, even when it can be argued that the misconduct might not have occurred had the cadet taken his medication properly. Neither the existence of a behavioral or attention disorder, nor the possible inadequacy of medication under whatever circumstances, will provide cause for holding a cadet to a standard any different from his fellow cadets.

As a cadet and as a parent or guardian of a cadet currently enrolled at Fork Union Military Academy, we commit to support the Academy medication policy as stated above.

Cadet's Signature

Signature of Parent or Guardian

Date

**ONLY COMPLETE FOR THOSE CADETS REQUIRING
ORTHODONTIC CARE (BRACES)
WHILE AT FORK UNION MILITARY ACADEMY
ORTHODONTIC TREATMENT AUTHORIZATION**

Parents are to make all necessary arrangements with the orthodontist of their choice **prior** to their son's arrival at the Academy. Please have your orthodontist's office contact the orthodontist you have chosen. Listed below are the names and phone numbers of orthodontists near Fork Union. Transportation is provided to Charlottesville. The fee is charged to their tuition accounts. The Academy Infirmary schedules orthodontic appointments usually in the afternoons. The Infirmary cannot adjust the coordinated orthodontic schedule to individual preference. Missed appointments may be rescheduled on an individual basis dependent upon the orthodontist's appointment availability.

Dr. David Hamer	434-296-0188	http://www.cvillebraces.com/
Dr. Suzanne Dennis	434-973-4446	http://smilecville.com/
Dr. Barton Weiss	434-971-9601	www.charlottesvilleorthodontics.com/
Dr. William Horbaly	434-973-6542	www.horbalyortho.com/
Dr. Taylor Varner	434-971-9601	www.charlottesvilleorthodontics.com/
Dr. David Inouye	434-975-7435	www.inouyeorthodontics.com/
Dr. Markus Niepraschk	434-977-9473	http://www.charlottesvillebraces.com/

Cadet's Name _____ Grade _____

Does the cadet wear braces currently? Yes / No

If care is to be maintained while at FUMA, Orthodontist chosen:

Circle one: Routine Care Emergencies Only

I have made the necessary financial arrangements and transfer of records with the above orthodontist. I authorize the Academy to schedule orthodontic appointments as indicated above. I respect the fact that these appointments must be kept according to schedule based upon our contract with our son's orthodontist. I am aware of the charges if appointments are missed and need to be rescheduled.

Parent or Guardian _____ Date _____

Notice of Privacy Rights

The FUMA infirmary, as a “provider” under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), complies with all regulations designed to protect the privacy of individual health information.

Understanding Your Health Record/Information—A record is made of every visit to a health care provider, including the Infirmary. Typically this record contains the patient’s symptoms, examination/test results, diagnoses, and treatment. This medical or health record is used to plan patient care and permit communication among health professionals, to document care received and verify services provided, to provide data for public health officials, and to improve health care services.

Your Health Information Rights—Although the health record is the physical property of the Infirmary or the entity that compiled it, the information belongs to the patient. As the cadet patient’s legal guardian you have the right to request a restriction on certain uses and disclosures, to obtain a copy or to request (in writing) to amend the record, to obtain an accounting of disclosures, to request communication of the health information by alternative means, and to revoke your authorization to use/disclose health information except to the extent already done.

FUMA (Infirmary) Responsibilities—The Academy must maintain the privacy of the cadet’s health information, provide you with this notice of FUMA’s legal duties and privacy practices, notify you if FUMA is unable to grant requested restrictions, and accommodate reasonable requests to communicate health information by alternative means or at alternative locations. FUMA will maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard personal information. FUMA may disclose information for law enforcement purposes as required by law or in response to a valid subpoena. Persons violating the school’s Privacy Policy will be subject to disciplinary procedures. FUMA reserves the right to change its practices regarding protected health information, in which case a revised privacy notice would be emailed or mailed to the address you have supplied.

Uses and Disclosures of Health Information—FUMA personnel will use or disclose cadet health information only as needed in treatment, payment, and health care operations. In particular FUMA may, without specific additional authorization, disclose the cadet’s health information to any healthcare provider treating or otherwise rendering professional services to the cadet and/or to insurers as necessary to facilitate payment for the cadet’s health care. Health care providers may, without specific additional authorization, disclose information to FUMA (the Infirmary) as needed for the cadet’s care and treatment. Except as described in this notice and as provided by law, FUMA will not use or disclose health information without authorization.

For More Information or to Report a Problem—If you have questions, please contact the Infirmary staff at 434-842-4310. If you believe your son’s privacy rights have been violated, you have the right to file a complaint with the Department of Health and Human Services (1-877-696-6775). FUMA will not retaliate for you filing a complaint.

Acknowledgement of Authorization to Use and Disclose Health Information

I understand and agree that by enrolling at FUMA the young man named in this Health Form, and by my signature below, I authorize FUMA personnel to use and disclose the young man’s protected health information as needed in treatment, payment, and health care operations. FUMA personnel may, without my specific authorization, disclose the cadet’s health information to any healthcare provider treating or otherwise rendering professional services to him and to insurers as necessary to facilitate payment for services. I understand that information received pursuant to this authorization may be disclosed by the recipient and might lose its protected status.

I understand that I may revoke this authorization at any time by written notice to the FUMA Infirmary.

Parent’s Signature

Date

Parent’s Name, printed