

HAWAII NATIONAL GUARD JOB CHALLENGE ACADEMY MEDICAL AID STATION INFORMATION

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

- Conduction 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 associates off campus medica/dental appointments.
- Maintaining and distributing prescription medications for associates as prescribed by physicians.
- Coordinating with mental health care facilities to provide services for associates.

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

- 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 and back) etc.: 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) and needs to be valid throughout the entirety of the program.
- TB Clearance (Valid 1 year from start of program) *State of Hawaii Risk Assessment accepted (document F). Unless PPO is required for chosen program.
- 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 Job Challenge Academy to conduct drug testing that complies with the DoD/NGB Drug-Free Policy for all participants registered or enrolled in the Job 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 Job Challenge (JCA) program. A copy of the front and back of each associate 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 an associate, the responsible party must notify JCA 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 Job Challenge Academy JCA program will not accept any financial responsibility for injuries to an associate of cause. ***The associate, parent, guardian or previously established responsible***

party is required to pay all past and current medical bills to the physician, hospital or any other medical facility in which the child was seen.

NOTE: Associates who are a part of an HM plan and/or Kaiser or any medical coverage that doesn't participate with HINGJCA 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 Job Challenge Academy JCA program for acute care.

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

Privacy Policies:

- The MAS is required by law to maintain the privacy of associate'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 an associate's treatment for physicians to bill and collect payment from insurance providers or third-party payers.
- Members of the medical staff maybe use information in an associate's health record to assess the required care and outcomes in the individual case. Results may also be used to evaluate service needs or treatment pans to improve the quality of care for all associate 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 associate's care. In some circumstances, we may deny your request to inspect and/or copy an associate'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 associate 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 the right to request a restriction or limitation on the health information we use or disclose about your associate. We are not required to comply with your request; however, we will do our best to uphold your desires unless the release of the medical record information is determined to be necessary for the treatment of your associate.

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

- Public health or Legal Authorities charged with preventing or controlling disease, injury, etc.
- Military Command Authorities.
- Health Oversight Agencies.
- 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 associate, 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 all conditions by my signature below:

Print: _____ Signature: _____ Date: _____