

2015  
Policies & Procedures

*Diakon Wilderness Center*

Center  
Point Day  
Program

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***Center Point Day Program  
Policies and Procedures Information***

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### Child's Rights

1. A child may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age or sex. (32a)
2. A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment. (32b)
3. A child has the right to be treated with fairness, dignity and respect. (32c)
4. A child has the right to be informed of the rules of the facility. (32d)
5. A child has the right to communicate with others by telephone subject to reasonable facility policy and written instructions from the contracting agency or court, if applicable regarding circumstances, frequency, time, payment and privacy. (32e)
6. A child has the right to visit with family at least once every 2 weeks, at a time and location convenient with the family, the child and the facility, unless visits are restricted by court order. The right does not restrict more frequent family visits. (32f)  
For mobile programs, face to face visits are not required. However, mobile programs must provide at least telephone contact between family and children at the once every two weeks interval
7. A child has the right to receive and send mail. (32g)
8. Outgoing mail shall not be opened or read by staff persons. (32g1)
9. Incoming mail from federal, state, or county officials, or from the child's attorney, shall not be opened or read by staff persons. (32g2)
10. Incoming mail from persons other than those specified in 32g2, shall not be opened or read by staff persons unless there is reasonable suspicion of contraband, or other information or material that may jeopardize the child's health, safety or well being, may be enclosed. If there is reasonable suspicion that contraband, or other information that may jeopardize the child's safety may be enclosed, mail may be opened by the child in the presence of a staff person. (32g3)
11. A child has the right to communicate and visit privately with his attorney and clergy. (32h)
12. A child has the right to be protected from unreasonable search and seizure. A facility may conduct search and seizure procedures, subject to reasonable facility policy. (32i)
13. A child has the right to practice the religion or faith of choice or not to practice any religion or faith. (32j)
14. A child has the right to appropriate medical, behavioral health and dental treatment. (32k)
15. A child has the right to rehabilitation and treatment. (32l)
16. A child has the right to be free from excessive medication. (32m)
17. A child may not be subjected to unusual or extreme methods of discipline which may cause psychological or physical harm to the child. (32n)
18. A child has the right to clean, seasonal clothing that is age and gender appropriate. (32o)
19. A child cannot be deprived of specific or civil rights. (33a)
20. A child's rights may not be used as a reward or sanction. (33b)
21. A child's visits with family may not be used as a reward or a sanction. (33c)
22. A child and the child's family have the right to lodge a grievance with the facility for an alleged violation of specific or civil rights without fear of retaliation. (Refer to written grievance procedures). (31e)

***\*The following rights are not applicable to Center Point Day Treatment – 32f, 32g, 32g1, 32g2, 32g3, 32k***

I have read, understand and been offered a copy of the child rights as described here.

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### **Nondiscrimination in Services**

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex.

Program services shall be made accessible to persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any residential/client/patient/student (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with:

Bureau of Civil Rights Compliance  
Department of Public Welfare  
PO box 2675  
Harrisburg, PA 17105-2675

Office for Civil Rights  
U.S. Department of Health and Human services  
Region III, PO Box 13716  
Philadelphia, PA 19101

Pennsylvania Human Relations Commission  
101 South Second Street  
Suite 300  
Harrisburg, PA 17105

## **Diakon Wilderness Center Policies & Procedures**

### **Court-Mandated Reporter**

All Diakon Wilderness Center employees are Court-Mandated Reporters. Therefore, we are obligated to report any confidential issues you may disclose regarding unsafe or abusive home situations of either a physical or sexual nature to your caseworker or probation officer according to the State Childline policies. We will include you in this process as much as possible and work to help you gain control over your situation.

### **Discipline Policy**

As a participant of the Diakon Wilderness Center Programs, you will be expected to abide by rules and to behave appropriately at all times. Inappropriate behavior will be treated with natural and logical consequences, none of which will be intentionally, physically or emotionally abusive.

### **Search Policy**

To ensure a safe environment free of contraband that may put students, staff, volunteers and visitors at risk, you and your belongings will be searched upon arrival to the Diakon Wilderness Center Programs. When enrolled in the Weekend Alternative Program, you will be searched every Friday upon arrival on campus and when enrolled in the Center Point Day Program, you will be searched as part of morning check-ins Monday through Friday. If you wish to see program specific search guidelines, copies can be provided at your request. If, after this initial search, there exists reasonable cause to believe you are in possession of contraband, an additional, more extensive search may be performed. Parent/Guardian and Placing County Agency will be informed prior to the performance of a more extensive search and all search guidelines to be followed will be explained at that time. An incident report will be completed and placed in your file.

### **Grievance Procedures**

If, as a participant of the Diakon Wilderness Center Programs, you have a complaint or concern regarding your personal safety and welfare, you have the following options, in this order:

1. Talk to one or all of your instructors/personal counselors.
2. Complete a grievance form to be reviewed by Program supervisor
3. Write a request to the Director of the Program requesting a meeting regarding grievance.

**A copy of this document has been sent to parent/guardian for their review**

## **Diakon Wilderness Center Search and Seizure Policy and Procedure**

3800.32i - A child has the right to be protected from unreasonable search and seizure. Any facility may conduct search and seizure procedures subject to reasonable facility policy.

**Policy:** The Diakon Wilderness Center will provide an environment that is safe and secure for youth and staff.

**Purpose:** Establish a criteria and procedure for reasonable search and seizure of youth coming to the Wilderness Center campus.

**Criteria:**

- Reasonable suspicion of contraband, defined as items contrary to the health, safety, or welfare of youth or staff, being brought onto the campus.
- Reasonable suspicion of theft from the facility, other youth, or stemming from community involvement.
- Youth routinely outside Diakon Wilderness Center staff care, custody and control.

A search will be conducted of the personal belongings of any youth arriving onto the campus entering into the Weekend Alternative Program, Center Point Day Program and/or the Wilderness Challenge program. These routine searches are conducted on Friday check in time in the Weekend Alternative Program and M-F check in times in the Center Point Day Treatment Program. Searches will be conducted of all items carried in, to include bags, outerwear, shoes, hats. Students will be scanned with metal wand scans to ensure they are not concealing weapons that may put other students at risk. Students are also required to turn out pockets and are visually scanned for contraband.

A search may be conducted of a youth or youths under reasonable suspicion of the above criteria while youth is engaged in programming in a Diakon Wilderness Center program. This search will follow the above guidelines. A search may be conducted of the sleeping area of youth under reasonable suspicion of the above criteria.

If more intrusive searches are warranted, these searches will be subjected to parental and county notification prior to the search. Approval must also be given by the Administrator of Diakon Youth Services prior to a more intrusive search being conducted. If reasonable suspicion exists that a student is in immediate possession of dangerous or illegal contraband, and this is creating a danger to the health, safety, or welfare of youth or staff, immediate contact will be made to outside authorities (State Police) prior to any search being conducted internally. A report will be made with the state police and all required documentation will be completed following the resolution of the incident.

**DIAKON LUTHERAN SOCIAL MINISTRIES  
WILDERNESS CENTER**

**PROGRAM OPERATING PROCEDURE**

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Subject: Emergency Transport

Effective Date: 11/11/2001

Revision Date: 2/6/13

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- I. Standard:** The Diakon Wilderness Center will coordinate transportation for medical services in case of an emergency, based on the necessity of the situation and condition of an injured client, staff member, visitor or volunteer.
- II. Operating Procedure:** When facing a medical emergency requiring the transport of an injured individual, the following procedures will be followed. In the case of incidents in a wilderness environment, time may become a crucial factor in the response needed to treat an injured individual, therefore a direct care staff is required to use their “best judgment” in guaranteeing the well-being of all concerned and in critical situations should contact emergency support (**911**) directly prior to contacting supervisor.
- Contact the program director or supervisory staff and explain the situation. The program director/supervisory staff will either determine an evacuation/emergency transport to be conducted by Diakon staff or coordinate professional assistance from outside agency.
  - If professional emergency assistance is deemed necessary, the supervisory staff will coordinate with direct care staff and responding rescue personnel.
  - Diakon staff are responsible for supervising all students in their care and must maintain relevant staff-to-student ratios.
  - Supervisory staff will create a log of all events, contacts and responses concerning the injured individual and the care and response being provided. Field staff are responsible for maintaining and turning in all SOAP notes to their supervisor for incident reports.
  - Medical Insurance, Medical History, and Consent forms will be accessed from the students file and arrangements will be made to have copies of this information available to outside professionals giving treatment.
  - Insurance information, court orders, and consents to treat will be provided to care providers for payment reasons.
  - All students in the care of the Diakon Wilderness Center will be accompanied by staff during treatment/assessments
  - All emergency contacts will be made by supervisory staff to include county emergency on call workers and youth’s listed emergency contact. Arrangements will be made to maintain open contact with family members and transition care, if necessary, to youth’s primary care giver.
  - Documents/Items which must accompany student in the event of an emergency transport include the following:
    1. Student Emergency Packets
    2. All student specific (prescribed) medication/Medication log.
  - If patient receives medical care, return any doctors orders, medication, instructions and paper work to the Program Director / Supervisory staff. All medical paperwork must be copied for students records and originals transferred to patients primary care giver.
- III. Medical Protocols**
- Emergency treatment of medical conditions and injuries will follow protocols provided in Wilderness Medicine Training Center’s First Responder Training, Wilderness First Aid Training (also covered through similar WFA/WFR certification trainings through WMA, SOLO, WMI & RMI) & Basic First Aid and CPR protocols provided by American Heart Association (also covered through similar trainings provided by Red Cross).
  - The field staff/direct care staff possessing the highest medical certification will assess the situation and determine what response actions / steps will be taken.
  - Situations that require immediate evacuation include (as outlined in Diakon’s Emergency Medical Plan policy number DCFM WC 113):
    - ✓ Critical Injuries affecting breathing
    - ✓ Cardiac arrest / distress
    - ✓ Excessive Bleeding (internal and external)
    - ✓ Shock (anaphylactic, volume, toxic, neurogenic)

- ✓ Heat and Cold injuries (hypo / hyperthermia, heat stroke / heat exhaustion, frostbite)
- ✓ Loss of consciousness for any period of time
- ✓ Fall from more than 3 times body height
- ✓ Whenever epinephrine is given
- ✓ Fractures / dislocations
- ✓ Serious burns (hands and face, around limbs, covering 10% of the body)
- ✓ Head injuries
- ✓ Near drowning (water in the lungs)

**IV. Documentation:**

- A Diakon Wilderness Center Incident Report must be completed for all medical emergencies treated internal by Diakon staff or when utilizing outside professional assistance.
- A DPW Reportable Incident must be filed via the HCSIS reporting system in instances requiring police, fire, or emergency rescue involvement or when youth receives inpatient treatment at the hospital or outpatient treatment for serious injury or trauma not to include minor injuries such as sprains or cuts.

**V. Phone Numbers**

- Carlisle Hospital: 717-249-1212
- Holy Spirit Hospital: 717-763-2100
- State Police – Carlisle 717-249-2121
- Mount Holly Police 717-486-7615

**VI. References:**

- 3800.149(a)





## DIAKON LUTHERAN SOCIAL MINISTRIES NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003  
(updated July 2007)

### **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.**

Protected health information is any health information that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we refer to all protected health information as medical information. This notice will inform you about how we may use and disclose your medical information. This notice will also inform you about your rights and our duties with respect to your medical information and how to file a complaint if you believe we have violated your privacy rights.

Diakon Lutheran Social Ministries and its programs and facilities (listed on Exhibit A) are required by law to maintain the privacy of your medical information, provide you with information about your individual rights and to abide by the terms of this notice. Diakon and its programs and facilities will be collectively referred to in this notice as "we," "us" or "Diakon." Diakon reserves the right to change this notice at any time. Any change in the terms of this notice will be effective for all medical information that we are maintaining at that time. We will always post a copy of our current notice at our service locations and facilities and on our website at <http://www.diakon.org> and will make additional copies available to you upon request. If any change is made to this notice, we will provide you with a written revised notice upon request.

When you receive this notice and each time you receive a revised copy of this notice, please sign the Acknowledgment on the last page and return it to your caseworker, counselor or facility administrator.

### **CONTACT INFORMATION - QUESTIONS, COMMENTS OR REQUESTS**

If you have any questions or comments about this notice or if you wish to obtain further information, please contact our Privacy/Contact Officer:

Richard Reed R.N., Esquire  
Chief Compliance Officer  
Diakon Lutheran Social Ministries  
798 Hausman Road, Suite 300  
Allentown, PA 18104-9108  
(610) 682-1266

All communications to our Privacy/Contact Officer must specify your name and contact information, as well as the facility or program in which you are a patient, resident, client or otherwise receiving our services, in order for us to efficiently address your request.

## **I. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

We may use or disclose your medical information as necessary for your treatment, payment and our healthcare operations. We have provided examples of the types of uses and disclosures listed below. Not every use or disclosure in these categories will be listed; however, all of the ways in which we are permitted to use and disclose your medical information will fall within one of the categories listed in this notice.

**A. For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, therapists, counselors or any of our personnel who are involved in taking care of you at the facility in which you reside or the program from which you receive services. We may also disclose medical information about you to people outside of our facilities or programs who may be involved in your medical care while you are receiving services from us or when you are transferred to a hospital or other facility or when you are discharged from any of our facilities or programs. For example, we may disclose your medical information to a pharmacy to fill a prescription or to a hospital, hospice or home health agency or other type of health care provider to which you are transferred for treatment.

**B. For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from us and other providers may be billed and payment may be collected from you, an insurance company or another third party such as Medicare and Medicaid (Medical Assistance). For example, we may disclose your medical information to your health insurance company or to Medicare and Medicaid (Medical Assistance) to determine whether a particular service is covered or if you are eligible for Medicaid (Medical Assistance). We may also need to disclose your medical information to your health insurance company or for Medicare or Medicaid reimbursement to demonstrate the medical necessity of the services provided to you or for your stay at one of our facilities or for any other service provided to you. We may also disclose your medical information to another health care provider involved in your care for that provider's billing. For example, we may disclose your medical information to a doctor who provided your care so that the doctor may obtain payment for those services.

**C. For Health Care Operations.** We may use or disclose your medical information for our own health care operations in order for us to provide quality care to our residents, clients, patients or other persons receiving our services. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many residents, clients or other persons receiving our services to decide what additional services we should offer. We may disclose information to doctors, nurses and other facility personnel for review and learning purposes.

## **II. OTHER USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION**

In the event that state or other federal law affords more protection with respect to disclosing your medical information, we are required to follow such state or other federal law.

**A. Business Associates.** We may disclose medical information to "business associates" who provide contracted services such as accounting, legal representation, claims processing, accreditation,

and consulting. If we do disclose medical information to a business associate, we will do so subject to a contract that provides that such information will be kept confidential by the business associate.

**B. Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps to pay for your care. We may also inform your family or friends about your general condition, location or death.

**C. Appointment/Visit Reminders.** We may use and disclose medical information to contact you for a reminder about your scheduled home health or hospice visits, counseling services or for any other scheduled appointment with any of our facilities or with any of our personnel.

**D. Fundraising Activities.** We may contact you to request financial support for our facilities and our services and programs. We will use only information such as your name, address, telephone number and the dates of treatment in our program or dates of your stay at our facility. If you do not wish to be contacted for fund-raising efforts, please notify the Privacy/Contact Officer, in writing, at the address identified on the first page of this notice. We will not share your information with anyone else for another entity's fundraising purposes.

**E. Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**F. Workers' Compensation.** We may release medical information about you for Workers' Compensation or similar programs.

**G. Public Health Activities.** We may disclose information about you for public health activities. These activities generally include, but are not limited to: prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; or report reactions to medications or problems with products.

**H. As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**I. Research.** We may allow your medical information to be disclosed for research purposes, provided, however, that the person or entity performing the research adheres to certain privacy practices.

**J. Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure actions or other legal proceedings. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**K. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.



**L. Victims of Abuse, Neglect or Domestic Violence.** We may disclose your medical information to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. We will only make this disclosure if we are required or authorized to do so by law or if you agree to such disclosure.

**M. Judicial and Administrative Proceedings.** We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if efforts have been made to notify you about the request or to obtain an order protecting the information requested.

**N. Law Enforcement.** We may release medical information if asked to do so by a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, reporting criminal conduct in our facility or program, complying with a court order or subpoena and other law enforcement purposes.

**O. Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of your death. We may also release medical information about our residents, clients, hospice or home health patients or any other recipients of our services to funeral directors as necessary for them to carry out their duties.

**P. National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Q. To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when we determine it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**R. Military and Veterans.** If you are a member of the Armed Forces, we may use and disclose your medical information as required by military command authority. We may also use and disclose your medical information about foreign military personnel as required by the appropriate foreign military authority.

**S. Treatment Alternatives/Health Related Benefits and Services.** We may use or disclose your medical information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

**T. Disaster Relief.** We may disclose your health information to an organization assisting in a disaster relief effort.

**U. Facility Directory.** If you are a resident of one of our residential communities, unless you object, we will include certain limited information about you in our internal facility directory. This information may include your name, your location in the facility, your general condition and your religious affiliation. Our directories do not include specific medical information about you. We may release information in our directories, except for your religious affiliation, to people who ask for you by

name. We may provide the directory information, including your religious affiliation, to any member of the clergy.

### **III. OTHER USES OF MEDICAL INFORMATION REQUIRING AUTHORIZATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and we are required to keep records of the care that we provided to you.

### **IV. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

#### **A. Right to request restrictions.**

You have the right to request that we restrict the uses or disclosures of your medical information to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or (b) to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister. We are not required to agree to any requested restriction, but will tell you in advance if we cannot comply. However, if we do agree, we will follow that restriction unless the information is needed to provide you with emergency treatment.

You must submit your limitation or restriction request in writing to your caseworker, counselor, or facility administrator. In your request, you must tell us (1) what information you would like to limit or restrict, (2) whether you wish to limit the use or disclosure, or both, and (3) to whom you would like the limits to apply, for example, disclosures to your spouse. Your request must also specify your name and contact information as well as the facility or program in which you are a patient, resident, client or otherwise receiving our services in order for us to efficiently address your request.

We may terminate your restriction if: (a) you agree or request the termination in writing; (b) you orally agree to the termination; or (c) if we inform you that we are terminating our agreement to your restriction, except that such termination will only be effective for your medical information that is created or received after you receive our notice of termination.

#### **B. Right to receive confidential communications.**

We will accommodate reasonable requests to receive communications about your medical information from us by alternative means or to alternative locations. For example, you may ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communications. If you want to request confidential communications, you must make your request in writing to your caseworker, counselor or facility administrator. Your request must also specify your name and contact information as well as the facility or program in which you are a patient, resident, client or otherwise receiving our services in order for us to efficiently address your request.

**C. Right to inspect and copy protected health information.**

With a few very limited exceptions, you have the right to inspect and obtain a copy of your medical information. To inspect or copy your medical information, you must submit your request in writing to your caseworker, counselor or facility administrator. Your request should specifically state what medical information you want to inspect or copy. Your request must also specify your name and contact information as well as the facility or program in which you are a patient, resident, client or otherwise receiving services in order for us to efficiently address your request. We will ordinarily act on your request within 30 days of our receipt of your request. In the event that state or other federal law requires us to act on your request within a shorter time frame, we will comply with such law. We may charge a fee for the costs of copying, mailing or other supplies associated with your request and will tell you the fee amount in advance.

We may deny your request to inspect and copy in limited circumstances. If you are denied access to your medical information, you may submit a written request that such denial be reviewed to the Privacy/Contact Officer at the address indicated on the first page of this notice. In certain circumstances you will not be granted a review of a denial. Otherwise, your denial of access will be reviewed by a licensed health care professional designated by us who did not participate in the original decision to deny access. We will ordinarily act on your request for review within 30 days.

**D. Right to amend protected health information.**

You have the right to request an amendment to your medical information for as long as the information is kept by or for us. Your request must be submitted in writing to the Privacy/Contact Officer and must specifically state your reason or reasons for the amendment. Your request must also specify your name and contact information as well as the facility or program in which you are a patient, resident, client or otherwise receiving our services in order for us to efficiently address your request. We will ordinarily act on your amendment request within 60 days after our receipt of your request.

We may deny your request to amend medical information if we determine that the information: (1) was not created by us; (2) is not part of the medical information maintained by us; (3) would not be available for you to inspect or copy; or (4) is accurate and complete.

If we grant the request, we will inform you of such acceptance in writing. We will make the appropriate amendment to your medical information and we will request that you identify and agree that we may notify all relevant persons with whom the amendment should be shared: (a) individuals that you have identified as having medical information about you and (b) business associates that we know have your medical information that is the subject of the amendment.

**E. Right to receive an accounting.**

You have the right to request an "accounting of disclosures" for disclosures of your medical information that are made after April 14, 2003. The list of disclosures does not include disclosures: (a) for treatment, payment and healthcare operations; (b) made with your authorization or consent; (c) to your family member, close relative, friend or any other person identified by you; or (d) for national security or intelligence purposes. Additionally, under certain circumstances, government officials can request that we withhold disclosures from the accounting.



To request an accounting of disclosures, you must submit your request in writing to your counselor, caseworker or facility administrator. Your request must state the time period for which you would like an accounting which may not be longer than 6 years and cannot include dates before April 14, 2003. Your request must also specify your name and contact information as well as the facility or program in which you are a patient, resident, client or otherwise receiving our services in order for us to efficiently address your request. Your first accounting request within any 12-month period will be provided to you free of charge. For additional accounting lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

We will ordinarily act on your accounting request within 60 days of your request. We are permitted to extend our response time for a period of up to 30 days if we notify you of the extension. We may temporarily suspend your right to receive an accounting of disclosures of your medical information, if required to do so by law.

**F. Right to a paper copy of this notice.**

You have the right to a paper copy of this notice. You may request a copy of this notice at any time from any Diakon facility or program or on our website at <http://www.diakon.org>. Even if you have previously agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**V. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Diakon Lutheran Social Ministries or with the Department of Health and Human Services, Office of Civil Rights. Complaints to Diakon Lutheran Social Ministries must be submitted in writing to the Privacy/Contact Officer at the address specified on the first page of this notice.

To file a complaint with the United States Secretary of Health and Human Services, send your written complaint to: Region III, Office for Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia PA 19106-9111.

You will not be penalized for filing a complaint.

### **Exhibit "A"**

The following are owned, operated, and/or managed by Diakon Lutheran Social Ministries and are bound by the terms of this Notice of Privacy Practices:

#### **Corporate Entities**

Diakon Lutheran Social Ministries      Diakon Housing and Development, Inc.

#### **Family and Community Ministries**

<u>Diakon Adoption &amp; Foster Care</u>	<u>Diakon KidzStuff Child Care</u>	<u>Diakon Pregnancy Services</u>
<u>Diakon Adult Day Services</u>	<u>Diakon Home Health</u>	<u>Diakon Family Life Services</u>
Manatawny Manor	<u>Diakon Hospice Saint John</u>	<u>Diakon Youth Services</u>
Mountain Glade		
Ravenwood		
	<u>Statewide Adoption Network</u>	
<u>Community Outreach Services</u>		
The Brandywine Program	Diakon Community Services for Seniors	RSVP
Congregational Ministries	Diakon Volunteer Home Care	Diakon Help at Home

#### **Senior Living Services**

Buffalo Lutheran Village	Cumberland Crossings Retirement Community	
Nursing Care Center	Nursing Care Center	
Assisted Living	Assisted Living	
The Cottages and The Villas	Cottages	
Frey Village	Luther Crest	
Nursing Care Center	Nursing Care Center	
Assisted Living	Assisted Living	
Apartments	Apartments	
The Lutheran Home at Topton	Manatawny Manor	
Henry Health Care Center	Nursing Care Center	
Breidegam and Buehrle Assisted Living	Assisted Living	
Luther Haven, Tower Court, Koch-Knauss Apts.		
Ohesson Manor	Pocono Lutheran Village	
Nursing Care Center	Assisted Living	
Cottages		
Ravenwood Lutheran Village	The Village at Robinwood	
Nursing Care Center	Assisted Living	
Assisted Living	Cottages	
Cottages		
Twining Village	<u>HUD Housing</u>	
Nursing Care Center	Frostburg Heights	Heilman House
Assisted Living	Luther Meadows	Lutherwood
Apartments		



# Family Day Information



# Center Point FAMILY DAY



FAMILY DAY is a time for family members to get to know our program, staff, TOUR the campus, eat and great MEAL, and have some FUN!!! Come join us for an array of teambuilding activities designed to provide a Family Bonding Experience that will last a life-time!



**When:** Wednesday February 26th @ 9:30 am — 12:30 pm

**Where:** Diakon Wilderness Center : 571 Mountain Road, Boiling Springs 17007

**What to Expect:** Experience a Day in the Life of your Youth, Enjoy a Delicious Breakfast, Family Portrait, and Meet the Teachers!

## Schedule of EVENTS:

9:30am-10:00 am.....Continental Breakfast Buffet, Family Portrait & Achievements

10:00 am—12:30pm.....Meet the Teachers and Experience our Horticulture, Mechanics and Culinary Programs!

12:30 pm.....Wrap Up, Students Dismissed to go home with Families!

\*All students must stay until 12:30pm.

**Please tear off bottom and return in order to RSVP by Wednesday February 19th.**

Are you attending: **Yes or No** If Yes, Number attending: \_\_\_\_\_

(For this event please only Parents, Guardians, and siblings. Thank-you!)

Parent/Guardian Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Call Renee Buzulak with any questions before the day of the event. 717.960.6713.



# Center Point FAMILY DAY



FAMILY DAY is a time for family members to get to know our program, staff, TOUR the campus, eat a great MEAL, and have some FUN!!! Come join us for an array of teambuilding activities designed to provide a Family Bonding Experience that will last a life-time!



**When:** Wednesday, March 25th @ 9:30am — 12:30pm

**Where:** Diakon Wilderness Center: 571 Mountain Road, Boiling Springs 17007

**What to Expect:** Enjoy a Continental Breakfast, Strengthening families workshop, Team building activity, and Family Portrait.

## Schedule of EVENTS:

9:30am-10:15am.....Continental Breakfast Buffet and Family Portrait

10:15am—11:00am.....Strengthening Families Workshop

11:00am-12:30pm.....Student and Family team building activity.

\*All students must stay until 12:30pm.

**Please tear off bottom and return in order to RSVP by Friday March 13th**

**Student Name** \_\_\_\_\_

**Are you attending:** Yes or No If Yes, Number attending: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Call Renee Buzulak with any questions before the day of the event. 717.960.6713.

# Contacts & Schedules



### Center Point Contacts (717) Area Code

<b><u>Director:</u></b>	Garcia, Jeremias	960-6745 829-3919	<a href="mailto:garciaj@diakon.org">garciaj@diakon.org</a>
<b><u>Family Development Specialist:</u></b>	Buzulak, Renee	960-6713 724-992-2946	<a href="mailto:buzulakr@diakon.org">buzulakr@diakon.org</a>
<b><u>COACH:</u></b>	Woodward, Heather	960-6703	<a href="mailto:woodwardh@diakon.org">woodwardh@diakon.org</a>
<b><u>COACH:</u></b>	Butts, Marvin	960-6736	<a href="mailto:buttsm@diakon.org">buttsm@diakon.org</a>
<b><u>Office Manager:</u></b>	Fensterbush, Kit	960-6734	<a href="mailto:fensterbushk@diakon.org">fensterbushk@diakon.org</a>
<b><u>Bridge Supervisor</u></b>	Thomas, Alex	669-9844	<a href="mailto:thomasa@diakon.org">thomasa@diakon.org</a>
<b><u>BRIDGE Caseworker:</u></b>	Barnett, Danielle	557-4197	<a href="mailto:barnettd@diakon.org">barnettd@diakon.org</a>
<b><u>BRIDGE Caseworker:</u></b>	Tom Kemper		<a href="mailto:kempert@diakon.org">kempert@diakon.org</a>
<b><u>Activities Assistant:</u></b>	Griggs, Hassan	960-6736	<a href="mailto:griggsh@diakon.org">griggsh@diakon.org</a>
<b><u>Activities Assistant:</u></b>	Bowers, Christina		<a href="mailto:bowersc@diakon.org">bowersc@diakon.org</a>

**\*\* If students can't get in contact with their transport, then they are to call the Director of Center Point-Mr. Garcia if it is before 8:30 a.m.; AFTER 8:30 a.m. contact Kit Fensterbush at: 717-960-6734.**

**\*\* If the transport van is 15 minutes late, call the Director of Center Point, Mr. Garcia, or call Renee Buzulak.**

**CAIU:** (not available in the summer. All calls go to the office number below):

Teacher	Wendy Shaver	960-6700	<a href="mailto:wshaver@caiu.org">wshaver@caiu.org</a>
Teacher	Kevin Fatherree	960-6700	<a href="mailto:kfatherree@caiu.org">kfatherree@caiu.org</a>
Teacher	Krista Werner	960-6700	<a href="mailto:kwerner@caiu.org">kwerner@caiu.org</a>
Teacher	Pete Strack	960-6700	<a href="mailto:pstrack@caiu.org">pstrack@caiu.org</a>
Psychologist	Dan Francis	960-6700	<a href="mailto:dfrancis@caiu.org">dfrancis@caiu.org</a>

**Administrative:**

FAX	717-258-9408
Office	717-960-6700
Website	

[www.diakon.org/youth-services/](http://www.diakon.org/youth-services/)

**Address:**

571 Mountain Road  
Boiling Springs, PA 17007

## Wilderness Center Extension List

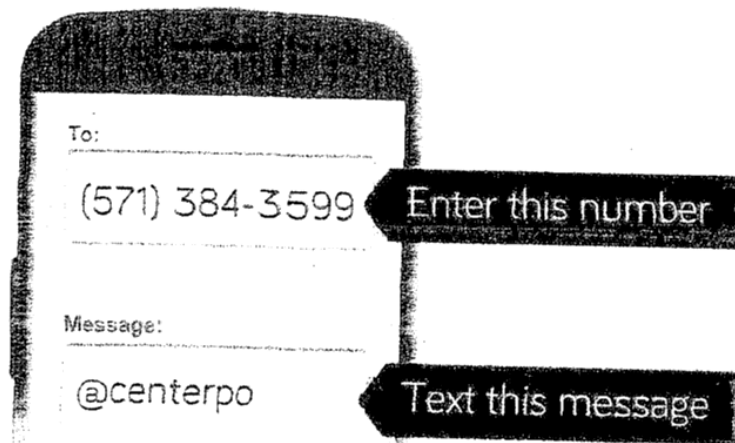
<b><u>McDowell Lodge</u></b>	<b><u>Extension</u></b>	<b><u>WAP</u></b>	<b><u>Extension</u></b>
Sanctuary	56711	Fresch, Tylor	56723
		Stukes, Anthony	56716
<b><u>Course Buildings</u></b>	<b><u>Extension</u></b>	<b><u>CAIU</u></b>	<b><u>Extension</u></b>
Bed Rock	56718		
Staff Commons	56719	Kermit/Shaver	56727
Gear Building	56714	Fatherree	56728
		Kipe/Werner	56730
		Office	56753
<b><u>Administration</u></b>	<b><u>Extension</u></b>	<b><u>Dining Hall</u></b>	<b><u>Extension</u></b>
Barnett, Danielle	56747		
Brau, Anthony	56707	Buzulak, Renee	56713
Brode, Jason	56724	Course Food Room	56729
Carothers, Corey	56705	Dining Hall	56725
Conference Room	56710	Kitchen	56726
Edenbo, Chris	56740	Learning Center	56731
Fensterbush, Kit	56734		
Garcia, Jeremias	56745		
Instructor Office	56708	<b><u>Gym</u></b>	<b><u>Extension</u></b>
Kivlan, Rob	56755	Gym Lobby	56702
Miller, Helana	56704	Marvin & Hassan	56736
Savario, Mike	56722		
Thomas, Alex	56721	<b><u>Shop</u></b>	<b><u>Extension</u></b>
Weary, Kristin	56701	Kane, Dave	56738
		Peter	56715
<b><u>George Hall</u></b>	<b><u>Extension</u></b>		
FLS #1 - Beth	56757		
FLS #2 - Theresa	56754		
Lobby	56742		
Brau, Anthony	56777		
Wing 2	56743		
Stukes, Anthony	56717		

**Revised: July 10, 2014**

# How to sign up for Mr. Garcia's Center Point Alert(s) messages:

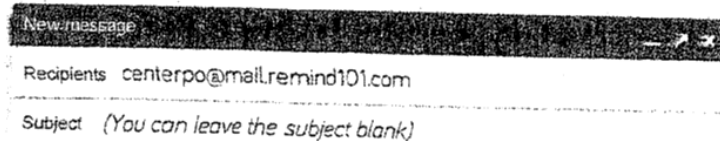
remind101

To receive messages via text, text @centerpo to (571) 384-3599. You can opt-out of messages at anytime by replying, 'unsubscribe @centerpo'.



\*Standard text message rates apply.

Or to receive messages via email, send an email to centerpo@mail.remind101.com. To unsubscribe, reply with 'unsubscribe' in the subject line.



## WHAT IS REMIND101 AND WHY IS IT SAFE?

Remind101 is a one-way text messaging and email system. With Remind101, all personal information remains completely confidential. Teachers will never see your phone number, nor will you ever see theirs.

Visit [www.remind101.com](http://www.remind101.com) to learn more.

# What is Remind101?

remind101

## WHAT IS IT?

Remind101 provides a safe way for teachers to text message students and stay in touch with parents for free.

Teachers use remind101.com, the Android app or the iOS app to send texts to students and parents phones without ever having to share their own phone number.

Students and parents also never have to share their phone number with teachers. Ever.

## WHAT MAKES IT SAFE?

Teachers never see their students' phone numbers. Students never see theirs. Remind101 is a one-way broadcast system. Teachers cannot send individual messages to students or parents, and students/parents cannot reply.

Remind101 also keeps a log of all message history, which can never be edited or deleted. Teachers never see their students' phone numbers. Students never see theirs. Remind101 also keeps a log of all message history which can never be edited or deleted.

## HOW MIGHT YOU USE IT?

Field trip reminders, motivational messages, homework, exam reminders, schedule changes, fun facts, and trivia. It's a great way to communicate information to students and parents safely!

## HOW CAN I GET STARTED?

Go to remind101.com on your computer, or download the Android or iOS app, then create your first class to see how it works. It takes less than two minutes to get started!

## HOW DO STUDENTS OR PARENTS JOIN?

Students and parents sign up by sending a text message or email. They never need to visit the Remind101 site or create an account.

## REMIND101 FEATURES

Add your Remind101 messages to your class website or blog with the simple, embeddable, and beautifully designed Remind101 widget.

You can also pre-schedule all your messages to be sent at a later date or time!

GET STARTED TODAY FOR FREE AT [www.remind101.com](http://www.remind101.com)

Remind101 Inc. A safe way for teachers to text message students & keep in touch with parents. Standard text messaging rates apply.



# 2014—2015 SCHOOL SCHEDULE/CALENDAR

## August 2014

Mon	Tue	Wed	Thu	Fri
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

11-13 —Adventure Trip

14-15 —Center Point CLOSED

25 - First Student Day

27- Adventure Day

28 - Family Day 12:30 Dismissal

29 - Center Point CLOSED

## September 2014

Mon	Tue	Wed	Thu	Fri
1	2 VAN, CPR, First Aid	3 SCM FS	4 SCM	5
8	9	10	11	12
15	16	17 *	18	19
22	23	24	25	26
29	30			

1- Center Point CLOSED

2- CPR/First Aid..Van Safety am.—5pm Designated Times

3 SCM 8-5pm ...9:45—Fire Safety

4 —SCM, 8-5pm

20- Adventure 5K Race 8-12pm

27—TP Volunteer Day

## October 2014

Mon	Tue	Wed	Thu	Fri
		1	2	3
6	7	8	9	10
13	14*	15	16	17
20	21	22	23	24
27	28	29	30	31

7-9-CBF Overnight Trip

10-13—CP Closed

14 -Course Starts

25—WAP Volunteer Day

28 - Late Pickup 10am

29 - Harbor Day Trip

## November 2014

Mon	Tue	Wed	Thu	Fri
3	4	5	6	7
10	11	12	13*	14
17	18	19	20	21
24	25	26	27	28

13 - \*Course Ends 11-1pm

21 - Thanksgiving Meal/Family Day

12:15 Dismissal

24-26—Adv Trip (D.C.) -Students home daily late in evening..TBD

27-28—Center Point CLOSED

## December 2014

Mon	Tue	Wed	Thu	Fri
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

18 - In-service —Late Pickup 10am

19 - Christmas Meal/Family Day

12:15 Dismissal

24-25—Center Point CLOSED

26-1/2—Program only 1:30 Dismissal

## January 2015

Mon	Tue	Wed	Thu	Fri
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

13-15—Adventure Trip (Skiing, Snowboarding)..Students home daily late in evening..TBD

16 —Center Point CLOSED

# 2014—2015 SCHOOL SCHEDULE/CALENDAR

## February 2015

Mon	Tue	Wed	Thu	Fri
2	3	4	5	6
9	10	11	12	13
16 ✦	17	18	19	20
23	24	25	26	27

16- Program only 1:30 Dismissal

## March 2015

Mon	Tue	Wed	Thu	Fri
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

13- Programming Only  
16-In-service WAP Pickup 10am  
25- Family Day  
30-1 Hiking Trip...Students home daily late in evening..TBD

## April 2015

Mon	Tue	Wed	Thu	Fri
		1	2	3 ✦
6 ✦	7	8	9	10
13	14	15	16	17
PSSA Testing Dates				
20	21	22	23	24
PSSA Testing Dates				
27	28	29	30	
PSSA Testing Dates				

1- Hiking Trip Students home daily late in evening..TBD

2- Programming Only  
3-6 Center Point CLOSED

## May 2015

Mon	Tue	Wed	Thu	Fri
				1
4	5	6	7	8
PSSA Testing Dates				
11	12	13	14	15
Keystone Exams				
18	19	20	21	22
Keystone Exams				
25 ✦	26	27	28 ☺	29
Keystone Exams				

19-21—CBF Overnight Trip  
22-26—Center Point CLOSED  
28 — 12:30pm Dismissal

## June 2015

Mon	Tue	Wed	Thu	Fri
1 ☺	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

## Contact Information

**Administration: 717-960-6700**

**571 Mountain RD**

**Boiling Springs, PA 17007**

[www.diakon.org/youth-services](http://www.diakon.org/youth-services)

Tentative Snow makeup days— 2/16,  
4/2, 4/6, 6/1, 6/2

**2014—2015 SCHOOL SCHEDULE/CALENDAR**

Weekly	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00am	Arrival/ Individual Counseling 9:15	Arrival	Arrival	Arrival	Arrival/ Individual Counseling
9:30am-10:00am	Breakfast Ind Counsel starts...All Day	Breakfast	Breakfast D&A Group/Ind 11am over	Breakfast Ind counsel	Breakfast Counseling
10:00am - 10:15am	Group	Group	Group	Group	School 10:00-11:15am/
10:15am -	School D&A Counseling	School-CAT	School	School	Closing Group 11:15/ Counseling
12:30pm -1:00pm	Lunch	Lunch	Lunch	Lunch	Lunch Dismissal 12:00pm
1:00pm-3:30pm	School/CR/GED *SB- Adventure/CS VOC	School /CR/GED VOC *SB- Adventure/CS	School/CR/GED *SB- Adventure/CS VOC	1pm- Presentations 1:30- Electives(competency) Girls Circle/Salvation Army/gym-Health.-A.R.T. 2:30pm Salvation Army/gym-Health.-A.R.T.	
3:30pm	Dinner	Dinner	Dinner	Dinner	
4pm	Dismissal	Dismissal	Dismissal	Dismissal	



## INITIAL YOUTH SCHOLARSHIP APPLICATION

Last Name, First Name, Middle Initial \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date of Birth (and age) \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_  
Parent or Guardian Phone \_\_\_\_\_  
Today's Date \_\_\_\_\_

### INQUIRY DETAILS

In which Diakon program(s) did you participate?

Wilderness Center Programs:

<input type="checkbox"/> Wilderness Challenge Program	<input type="checkbox"/> Flight Program
<input type="checkbox"/> Foundations Residential Program	<input type="checkbox"/> Foster Care and/or Adoption
<input type="checkbox"/> Weekend Alternative Program	<input type="checkbox"/> In Home Services
<input type="checkbox"/> Center Point Day Program	<input type="checkbox"/> Family Life Services
<input type="checkbox"/> Other (please describe) _____	

If not currently participating, when were you discharged from the program (approximate date)? \_\_\_\_\_

Requested amount (not to exceed \$5,000) \_\_\_\_\_

How do you intend to use the scholarship funds? \_\_\_\_\_

What financial support are you seeking?

<input type="checkbox"/> College tuition	<input type="checkbox"/> Supplies (books, computer, etc.)
<input type="checkbox"/> Trade School tuition	<input type="checkbox"/> Living expenses
<input type="checkbox"/> Certification program tuition	<input type="checkbox"/> Other _____

### ESSAY QUESTIONS

*Response should be two pages double spaced and address all of the following:*

1. How did Diakon programming help you? What are a few of your favorite memories?
2. What are your future plans, in terms of a career?
3. Why is this scholarship important to you?
4. How do you plan to use the funding available?

## SCHOLARSHIP REQUIREMENTS

**Note:** It's appropriate to start application for scholarship immediately, but before a check is issued, each statement will need to be true.

1. Refraining from illegal activity of any kind.
2. Provide documentation of acceptance or enrollment at a college or trade school, certification/training program (attach a copy with this application).
3. Completed and submitted, F.A.F.S.A. form\* - the standard financial aid form which is used to determine additional financial aid needed for college or trade school (attach a copy with this application). *\*If you need assistance, contact your guidance office or your college's financial aid office.*
4. Fully completed application, including the two-page essay.

*Complete this form and your essay and forward (electronically or mail) to:*

c/o Diakon Youth Scholarship Review Team  
960 Century Drive, Mechanicsburg, Pa 17055  
E-mail: [carothersc@diakon.org](mailto:carothersc@diakon.org)  
610-682-1189 (e-fax)

**DO NOT WRITE BELOW THIS LINE**

Date application was received \_\_\_\_\_

Staff who accepted application:      ED Adoption Foster Care \_\_\_\_\_  
   ED Family Life Services \_\_\_\_\_  
   ED Adjudicated Youth Services \_\_\_\_\_

Date forwarded to Review Team \_\_\_\_\_

Review Team recommendation:      Approved \_\_\_\_\_      Denied \_\_\_\_\_

Requested amount: \$ \_\_\_\_\_      Approved amount \$ \_\_\_\_\_

Need additional information \_\_\_\_\_

*Comments:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date forwarded for approval to Senior Management \_\_\_\_\_

Date approved \_\_\_\_\_

Payer source information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_