



Dear Parents and Guardians,

New Hope would like to invite children, ages 6-17, who are coping with the loss of a loved one to our 29th Annual *Camp New Hope*. Camp will be held **Tuesday, June 18th – Friday, June 21st** from 9:30am-3:30pm at Lums Pond State Park.

Besides traditional camp activities such as crafts, water games, and sports, *Camp New Hope*, provides opportunities for children to share their losses with their peers who have had similar losses through group discussions and bereavement activities.

It's our pleasure to offer Camp *free of charge*. Lunch, snacks, and bus transportation from designated bus stops to and from Lums Pond is provided!

Our Camp Memorial Service honoring your loved ones will be held Friday, June 21st at 1:30pm and all are welcome to attend. **There will be NO Friday afternoon transportation; all children must be picked up at Lums Pond State Park by 3:00pm.**

A brief parent/guardian meeting will be held **Wednesday, June 12th, 6pm** at Delaware Hospice's Newark Office. **At least one parent or guardian must attend. We also request that no children attend this meeting as child care will not be available.**

Please complete and return all appropriate forms by May 30th, space is limited and first priority is given to the children of Delaware Hospice patients.

- *Registration Form & 2 Permission slips*
- *Information form*
- *List of Camp Rules (2)*
- *Memorial Service Invitation*
- *Camp Wish List*
- *Privacy Statement*

Fax: 302-479-2586 **Email to:** maugust@delawarehospice.org

Mail: Delaware Hospice 16 Polly Drummond Center, 2nd Fl. Newark, DE 19711 Attn: Michelle August

On behalf of the *New Hope* team, thank you for considering this unique opportunity. Camp is the highlight of our year and we look forward to welcoming your children! Please feel free to contact me, 302-478-5707 if you have any further questions.

Yours Truly,

Earline Vann, BS, CT
New Hope Coordinator

THE BENEFITS OF CAMP NEW HOPE



Provided by Delaware Hospice

92%

of campers were glad they went to Camp New Hope

Camp is provided by directors who are nationally selected as Moyer Foundation Grief Camp Counselors and highly sought after to listen to by other grief counselors.

At Camp New Hope, I was able to learn how to handle my feelings and my grief

72%

Agreed

“ Although most children and adolescents bounce back from grief without professional intervention, childhood grief can have serious consequences if not addressed. These include short- and long-term effects including acting-out behavior, difficulties in school; developmental delays; higher rates of substance abuse, depression, and deviance; increased risk of mortality into early adulthood; and numerous other social and psychological issues. ”

— McClatchey & Wimmer, Pg. 10

“ The most powerful impact of camp may be however the opportunity to meet other children and adolescents who have had similar experiences which normalizes the bereaved campers’ situations. ”

— McClatchey & Wimmer, Pg. 12

BEFORE CAMP NEW HOPE

21%

of campers felt like there were other people who understood how they felt

AFTER CAMP NEW HOPE

67%

of campers felt like there were other people who understood how they felt

Dear Ms. Earline Vann,

Thank you so much for having me at this camp! I really enjoyed it! Your camp was an awesome experience. I thought it was very unique. That's one of the things I love about it. To be honest, the first day (in the morning) on the bus, I was nervous and I kind of didn't want to go. But it turned out that it was probably the best week of my summer. If Camp New Hope was every year, I would definitely come every year. When I am 16, I will come back and be a counselor.

You and many other counselors helped me be aware that everyone has grief, it's just some people express it differently. I used to think I was the only one that felt a lot of grief because I didn't know any better. Now I can relate to many other people.

I still have all of my utensils that the counselors gave me to help. Everything helps, but not as much as the little notebook they gave me. All I write in there is letters to you, myself, the counselors at camp, and my loved ones that have passed.

I will forever and always remember Camp New Hope. You can already tell just by looking/hearing the camp name that it's a good camp! LOL

Sincerely,
Isabella G, age 10



Provided by **Delaware Hospice**

CAMP NEW HOPE 2019 – REGISTRATION FORM

| Name of Child (Last, First) | Birthday and Grade Completed by 6/19 | Age | Sex | T-Shirt Size Adult (S, M, L, XL) |
|-----------------------------|--------------------------------------|-----|-----|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |

Please check the appropriate boxes and provide the requested information and sign. We must have Parent or Guardian signature.

- Yes, I would like Delaware Hospice to provide transportation for my child from the designated bus stop.
- Yes, I will provide transportation for my child.
- Yes, I will attend the Memorial Service.
 _____ Total number of people attending (not including child).

My signature on this form acknowledges that I have received a copy of Delaware Hospice Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by Delaware Hospice and of my rights with respect to my health information. I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my health information.

Signature of Parent or Legal Guardian

Date

Parent or Legal Guardian Name (PLEASE PRINT) - if Guardian what relationship to child (ren)

Parent or Legal Guardian Address

Primary Telephone Number

Cell Phone Number

Parent or Legal Guardian Email Address



Provided by **Delaware Hospice**

CAMP NEW HOPE 2019 - PERMISSION SLIP

I verify that my child/children are in good health and are able to participate in all of the normal activities of Camp New Hope.

Name of Parent(s)/Guardian

Phone Number

Health Insurance Name and Number

In case of emergency, contact

Phone Number

Child's Primary Care Physician and any other Medical Professionals treating child

Phone Number

In case medical treatment is required, please indicate below any known allergies, medical problems/ injuries or medication being taken. If your child will be taking medication during Camp, let us know prior to Camp. If additional space is needed, please use the back of this form. In the event that you or your emergency contact cannot be reached, I give DHI permission to contact my child's doctor(s).

| Child Name | Allergies - Food, medicine, etc. | Medical Problem or Injury/Mental Health Issues | Medication - Med. name, dose, time, etc. |
|-------------------|---|---|---|
| | | | |
| | | | |
| | | | |

Signature of parent(s) or guardian of child (ren) must be provided.

Parent Signature

Date

Parent/Guardian Signature

Date



CAMP NEW HOPE 2019 - PERMISSION SLIP

1. In the event that my child should become ill or injured, and in the reasonable opinion of the Delaware Hospice staff should require emergency medical treatment:

(Check one)

- I give permission for medical treatment.
- I do not give permission for medical treatment.

Signature

Date

2. (Check one)

- I give permission for my child to have pictures taken, give statements to DHI staff/volunteers, press, and other persons/publications that will be in attendance at Camp New Hope to be used for publication.
- I do not give permission for my child to have pictures taken, give statements to DHI staff/volunteers, press, and other persons/publications that will be in attendance at Camp New Hope to be used for publication.

Signature

Date

3. (Check one)

- I give permission for a Delaware Hospice volunteer to transport my child.
- I do not give permission for a Delaware Hospice volunteer to transport my child.

Signature

Date



Provided by Delaware Hospice

INFORMATION ABOUT THE PERSON WHO DIED IN THE CHILD'S LIFE

1. Name of person who died:

Was this person involved with Delaware Hospice Yes No

If No, how did you learn about Camp?

2. Relationship to child:

3. Cause of death:

4. When did person die:

5. Was child present at death:

6. Did child participate in the funeral and what was their reaction to the funeral:

7. How is child functioning at school:

8. How is child functioning at home:

9. Have you noticed any changes in child's behavior or attitude:

10. Any other information you feel would help us at Camp better serve your child:



CAMP RULES

1. While on the bus, remain in your seat at all times, use indoor voices, and stay in your own space.
2. All campers are expected to follow directions of camp staff, volunteers, and guest speakers.
3. Remember that we are visitors at the camp location. It is important to respect the property and clean up after ourselves.
4. All campers are expected to be courteous, respectful, and participate in activities safely.
5. If a discipline problem arises, staff and volunteers will attempt to resolve the problem. If they are unable to do so, the Camp Director will speak with the child and a verbal warning will be given. If the problem continues, the parent/guardian will be notified. If the problem can not be resolved, the camper must be picked up by their parent/guardian and will not be allowed to return to camp.
6. Campers are not to bring money, snacks, toys, games, electronics, etc. to camp. We will be providing everything that the camper will need during camp. This includes cell phones.
7. This camp is to help campers deal with their grief and loss, to meet new friends, and to HAVE FUN!

My Child and I have read, understand and kept the copy of the camp rules.
This copy needs to be signed and returned with the registration forms.

Camper Signature

Date

Parent Signature

Date

Parent/Guardian Signature

Date



CAMP RULES-PARENT/GUARDIAN COPY

1. While on the bus, remain in your seat at all times, use indoor voices, and stay in your own space.
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A Special Invitation To
Camp New Hope's Memorial Service

TO: Parents, Grandparents, Guardians, Family and Friends

FROM: Staff, Volunteers and Campers

WHEN: Friday, June 21st @ 1:30pm to 3:00pm

WHERE: Lums Pond State Park, Bear, DE (Pavilion 4)

RSVP: Email evann@delawarehospice.org or Call 302.478.5707

The staff, volunteers & campers of Camp New Hope extend a warm invitation to the Memorial Service that concludes our camp. We will plant a tree in the park that will live in memory of your loved one and in memory of our time spent together at Lums Pond.

Refreshments will be served.

DELAWARE HOSPICE

Since 1982

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. USE AND DISCLOSURE OF HEALTH INFORMATION.

Delaware Hospice may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Delaware Hospice has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To provide treatment. Delaware Hospice may use your health information to coordinate care within Delaware Hospice and with others involved in your care, such as your attending physician, members of Delaware Hospice interdisciplinary team and other health care professionals who have agreed to assist Delaware Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Delaware Hospice also may disclose your health care information to individuals outside of Delaware Hospice involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

To obtain payment. Delaware Hospice may include your health information in invoices to collect payment from third parties for the care you may receive from Delaware Hospice. For example, Delaware Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Delaware Hospice. Delaware Hospice also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for hospice care and the services that will be provided to you.

To conduct health care operations. Delaware Hospice may use and disclose health care information for its own operations in order to facilitate the function of Delaware Hospice and as necessary to provide quality care to all of Delaware Hospice's patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews,
- medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Delaware Hospice.
- Fundraising for the benefit of Delaware Hospice.

For example Delaware Hospice may use your health information to evaluate its staff performance, combine your health information with other Hospice patients in evaluating how to more effectively serve all Hospice patients, disclose your health information to Hospice staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

For fundraising activities. Delaware Hospice may contact you or your family as part of our fundraising efforts. If you do not wish to receive fundraising information from Delaware Hospice, Inc., please contact the Director, Compliance & Quality at 302-478-5707 to be removed from future telephone contact or mailings.

For appointment reminders. Delaware Hospice may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit. For treatment alternatives. The Hospice may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

The following is a summary of the circumstances under which and purposes for which your health information may also be used and disclosed:

- When legally required. Delaware Hospice will disclose your health information when it is required to do so by any Federal, State or local law.
- When there are risks to public health. Delaware Hospice may disclose your health information for public activities and purposes in order to:
- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

To report abuse, neglect or domestic violence. Delaware Hospice is allowed to notify government authorities if Delaware Hospice believes a patient is the victim of abuse, neglect or domestic violence. Delaware Hospice will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To conduct health oversight activities. Delaware Hospice may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Delaware Hospice, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. Delaware Hospice may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Delaware Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information. **For law enforcement purposes.** As permitted by state law, Delaware Hospice may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if Delaware Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at Delaware Hospice.
- In an emergency in order to report a crime.
- To coroners and medical examiners. Delaware Hospice may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To funeral directors. Delaware Hospice may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Delaware Hospice may disclose your health information prior to and in reasonable anticipation, of your death.

For organ, eye, or tissue donation. Delaware Hospice may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For research purposes. Delaware Hospice may, under very select circumstances, use your health information for research. Before Delaware Hospice discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In the event of a serious threat to health or safety. Delaware Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if Delaware Hospice, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

DELAWARE HOSPICE, INC. NOTICE OF PRIVACY PRACTICES

For specified government functions. In certain circumstances, the Federal regulations authorize Delaware Hospice to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody. For worker's compensation. Delaware Hospice may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, Delaware Hospice will not disclose your health information other than with your written authorization. If you or your representative authorizes Delaware Hospice to use or disclose your health information, you may revoke that authorization in writing at any time. Your authorization is required under the following circumstances: 1) uses and disclosures of Protected Health Information for marketing purposes; and (2) disclosures that constitute a sale of Protected Health Information. Other uses and disclosures not described in the Notice of Privacy Practices will be made only with your authorization.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Delaware Hospice maintains:

- Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Delaware Hospice's disclosure of your health information to someone who is involved in your care or the payment of your care. However, Delaware Hospice is not required to agree to your request. If you wish to make a request for restrictions, please contact the Administrative Office. If you elect to pay out of pocket for a health care service, you have the right to request Delaware Hospice to restrict disclosure of this to your health plan unless the restriction is against the law.
- Right to receive confidential communications. You have the right to request that Delaware Hospice communicate with you in a certain way. For example, you may ask that Delaware Hospice only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Administrative Office. Delaware Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- Right to inspect and copy your health information. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Medical Records Office. If you request a copy (paper or electronic) of your health information, Delaware Hospice may charge a reasonable fee for copying and assembling costs associated with your request.

Right to amend health care information. You or your representative have the right to request that the Hospice amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by Delaware Hospice. A request for an amendment of records must be made in writing to the Medical Records Office. Delaware Hospice may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by Delaware Hospice, if the records you are requesting are not part of Delaware Hospice's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Delaware Hospice, the records containing your health information are accurate and complete.

Right to an accounting. You or your representative have the right to request an accounting of disclosures of your health information made by Delaware Hospice for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Medical Records Office. The request should specify the time period for the accounting starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. Delaware Hospice would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a paper copy of this notice. You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Administrative Office. A copy of the current version of Delaware Hospice's Notice of privacy practices is also available at its website www.delawarehospice.org.

Right to notification of a breach of your health information. You have the right to be notified in the event of an unauthorized use or disclosure of your unsecured health information.

DUTIES OF DELAWARE HOSPICE

Delaware Hospice is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Delaware Hospice is required to abide by terms of this Notice as may be amended from time to time. Delaware Hospice reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If Delaware Hospice changes its Notice, Delaware Hospice will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to Delaware Hospice and to the Secretary of the Department of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to Delaware Hospice should be made in writing to the Administrative Office. Delaware Hospice encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

IF YOU HAVE A QUESTION REGARDING THIS NOTICE, PLEASE CONTACT:

THE VICE PRESIDENT OF COMPLIANCE & EDUCATION
Delaware Hospice Administrative Office,
16 Polly Drummond Center, Newark, DE 19711

The phone number is 302-478-5707.

EFFECTIVE DATE:

This Notice is effective April 14, 2014.
NC-221 04/14



Dear Parent/Guardian,

Welcome to Camp New Hope! Camp is a unique component of Delaware Hospice's New Hope Program and is offered free to children who have experienced the loss of a loved one. Camp New Hope is funded through the generosity of individuals, organizations, and businesses that support our mission of serving families.

We are providing a wish list of needed items below that can be purchased to support camp. If you are able to give, we appreciate your support and will be grateful for as much or little that you can provide. Please contact Earline Vann to make arrangements for your donation at 302-478-5707 x1374 or evann@delawarehospice.org.

Thank You,

A handwritten signature in black ink that reads "Earline Vann".

Earline Vann, BS, CT
New Hope Coordinator

- Breakfast and Granola Bars (Variety)
No peanuts please
- Bottled Water
- Bananas
- Watermelons
- Grapes
- Pineapples
- Canisters of Powdered Lemonade and
Fruit Punch – Crystal Lite
- Ketchup, Mustard, Relish
- Oranges
- Cantaloupe
- Strawberries
- Large Trash bags