



**The American Legion Auxiliary – Department of Maine**

Dirigo Girls’ State – PO Box34 – New Portland, ME 04961

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**Dirigo Girls’ State Information Use Disclosure 2018**

In compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Federal Privacy Act of 1974, the American Legion Auxiliary Dirigo Girls’ State Planning Team recognizes that private information cannot be used or disclosed except as described. This includes such information as name, address, phone numbers, fax numbers, e-mail addresses, Social Security numbers and health information about staff members and youth program participants. The intended uses of the information collected for Dirigo Girls’ State are described below.

**Purposes**

1. To facilitate emergency health care, if needed
2. To assist with routine health care interactions with Dirigo Girls’ State Medical Staff
3. To register and process lists and name tags for youth and staff at Dirigo Girls State
4. To facilitate the creation of housing lists
5. To provide a directory of Dirigo Girls State staff members and participants

**Access**

1. Dirigo Girls’ State Planning Staff, Girls’ State Director and Girls’ State Medical Staff.
2. Basic contact information via the directory to Girls’ State Staff members and participants

**On-Site Storage**

1. Information will be secured in locked cabinets and office spaces

**Retention of Records Policy**

1. All documents relating to Dirigo Girls State will be retained for a minimum of three (3) years from the date of creation or last in effect. After this period of time has lapsed, the Dirigo Girls’ State Planning Staff will shred all of the documentation and dispose of it properly.

I have received and read the required Health Insurance Portability and Accountability Act of 1996 (HIPPA) Notice of Privacy Practices, as provided above. This notice includes procedures that will be taken to assure that all personal and health-related information is kept confidential and protected. I also understand that this form must be returned, along with the 2017 Dirigo Girls State Medical form in order to participate in all activities related to the Dirigo Girls’ State session to be held June 17 - 22, 2018.

\_\_\_\_\_  
Delegate’s Date of Birth

\_\_\_\_\_  
Name of Girl’s State Delegate (Printed)

\_\_\_\_\_  
Signature of Girls’ State Delegate

\_\_\_\_\_  
Name of Parent/Guardian (Printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date of Signatures

**This form is one of five that needs to be completed and mailed with the \$320 registration fee made payable to Dirigo Girls’ State at the address above by May 12, 2018**