

SUWS Adolescent and Youth Programs
911 Preacher Creek Road Shoshone, ID 83352
Admissions (888) 879-7897 ? Fax (208) 886-2153 ? E-Mail admissions@suws.com
Field office (208) 886-2565 ? Fax (208) 886-2041 ? E-Mail suwsfield@suws.com

ENROLLMENT AGREEMENT

This agreement ("Agreement") is entered into by and between AHS OF IDAHO, an Idaho Corporation, dba SUWS Programs, a licensed program, (hereinafter "SUWS" and by reference the "Program"), which is described in the program materials that the parent(s) and /or guardian(s) of the Student (hereinafter the "Sponsors")

Paternal Sponsor's **Full Legal Name** is _____,
Address and Phone _____

Maternal Sponsor's **Full Legal Name** is _____,
Address and Phone _____

or Guardian Sponsor's **Full Legal Name** is _____
Address and Phone _____

have previously received and which is made a part of this Agreement.

In consideration of the mutual promises set forth in this Agreement, SUWS and Sponsor (hereinafter the "Parties") mutually agree as follows:

1. **SPONSOR'S REPRESENTATIONS.** Sponsor warrants that Sponsor is the legal parent(s) and/or guardian(s), having legal custody, of the following child: _____ (**Full Legal Name**), whose birth date is _____ (hereinafter the "Student"), and that Sponsor desires to and does hereby contract with SUWS for the Student's enrollment in the Program according to the terms and conditions of this Agreement. In entering into and performing under this Agreement, SUWS is relying on all representations and promises of the Sponsor contained or expressed in this Agreement and all other documents and information sheets from Sponsor to SUWS, and Sponsor expressly warrants the truth and accuracy of the same.

2. **ENROLLMENT OF THE STUDENT.** Upon Sponsor's initial payment as set forth in Exhibit "A", and completion of this Agreement, the Enrollment Application and all related documentation, and upon SUWS's execution of this Agreement, SUWS shall accept the Student conditionally for enrollment in the Program, subject to the terms and conditions of this Agreement. Sponsor acknowledges and agrees that SUWS's conditional acceptance of the Student is subject to the personal evaluation and screening process conducted by SUWS prior to completion of the Assessment phase of the Program. If the Student satisfies SUWS's screening criteria, SUWS shall accept the Student and, except as otherwise provided herein, permit the Student to complete the Program. If the Student fails to satisfy SUWS's screening criteria, the Student will be returned promptly to Sponsor and SUWS will also return the prepaid tuition fee to the Sponsor, less a **\$500.00** evaluation/screening fee and a deduction for all reasonable expenses incurred by SUWS on behalf of the Student and/or the Sponsor prior to the Student's return.

3. **TERM OF AGREEMENT/CUSTODY.** Assuming the Student is accepted into the Program, the term of this Agreement shall be a minimum of **28 days** beginning with the Student's arrival, now anticipated on _____ (the "Arrival Date"). On the Arrival Date, Sponsor shall transfer, by a Power of Attorney in the form received and executed by Sponsor, temporary custody of the Student to SUWS for the duration of the Agreement, unless either party terminates this Agreement prior thereto by giving written notice to the other party pursuant to the terms of this Agreement or until the Student attains the age of nineteen (19), unless the Student (a) has otherwise been placed in the custody of SUWS by a court of proper jurisdiction or (b) voluntarily consents in writing to remain in the Program for any period of time beyond said nineteenth (19th) birthday.

4. **PROGRAM COSTS AND PAYMENT TERMS .**

A. **PROGRAM FEE.** The Student is accepted with the expectation that the Student will complete the entire Program. Unless otherwise set forth in Exhibit "A," the Program fee is **\$465.00 a day**, plus **\$2000.00** Enrollment/Gear fee, with optional psychological testing fee of **\$2250.00**, and optional Family Camp fee of **\$1800.00** for a single parent or **\$3000.00** for both parents.

B. **SCHEDULE AND METHOD OF PAYMENT OF PROGRAM FEES; LATE FEES; EXTENSIONS.**

(1) At the time of admission, private pay sponsors shall pay the full initial amount of the student's scheduled stay plus the enrollment fee.

(2) This initial payment may be paid by check. All subsequent payments, if any, shall be paid only by accepted credit card (VISA, MasterCard or American Express), wire transfer or pre-authorized electronic check debit (ACH).

(3) Sponsor shall also provide a valid credit card number with available credit at the time of admission. In the event that any fees, costs or subsequent extensions, including but not limited to the initial physical cost, medication costs, outfitting costs and additional medical expenses, are not paid when due, Sponsor authorizes the program to charge these items, including late fees, to this credit card number.

(4) With the exception of the discharge summary, student files and records will not be released after a student discharges until all tuition and fees are paid in full.

(5) Students with student loans must provide a copy of an executed promissory note from the lending institution at the time of admission. Actual funding must take place within five days of enrollment. Students receiving school district assistance must pay tuition and fees when due. The program will refund Sponsor upon receipt of payment from the school district.

(6) Any extension must be agreed upon by staff and sponsor prior to its commencement. Payment for an extension must be paid in advance for the full length of the additional stay. Failure to pay within the first week of the extended period could result in immediate student discharge.

C. EMERGENCY ADMISSION EXCEPTION. Upon written approval by the program, the Sponsor of a student who is admitted within 48 hours of the initial call shall pay a deposit of a minimum of 10 days and sign an enrollment agreement. This deposit must be secured by a third party, such as a credit card, wire transfer, ACH transfer or cashier's check. Personal checks are not acceptable for deposits. Full payment for the program's minimum length of stay must be received no later than seven days of admission. If payment for the remainder of the agreed upon minimum length of stay has not been received within seven days of admission, the student will be discharged prior to 10 days.

D. PAYMENT/CANCELLATION REFUNDS. A cancellation received less than seven (7) days prior to the arrival date will result in a 50% refund. The amount retained by SUWS may, if deemed appropriate by SUWS, be used as credit against any future enrollment of the Student.

E. EARLY WITHDRAWAL OF STUDENT. If Sponsor withdraws Student before expiration of the minimum period of enrollment without the recommendations of the Program Director, Sponsor forfeits the remaining balance of the minimum stay. Any pre-payments above and beyond the minimum stay will be reimbursed to Sponsor.

F. ADDITIONAL COSTS AND EXPENSES. In addition to the Program fee, Sponsor agrees to pay for the following expenses of the Student: transportation from the Student's current residence to Boise, Idaho, and return transportation to the Student's current residence; food and lodging expenses for any holding period before commencement of the Program and/or after completion of the Program; all medical, dental, hospital, and related expenses incurred by or for the Student and all required personal items specified in the student clothing list. Sponsors are also responsible for any additional escort fees required for transporting Student to and/or from the Program to another location (i.e. airport, doctor's appointment or special event). Sponsors are responsible for the cost of any psychiatric evaluations performed by a psychiatrist.

G. PERSONAL INJURY AND DAMAGE TO PROPERTY. Sponsor agrees to accept full responsibility for (1) the repair or replacement of any property damaged, defaced, or destroyed by the Student, whether owned, leased, or controlled by SUWS or any third party, and (2) any personal injury to any SUWS personnel, other students or third parties caused, in whole or in part, by the Student; and to promptly reimburse SUWS for any costs and expenses, including legal fees, it may incur in connection therewith.

H. RUNAWAY EXPENSES. In the event the Student runs away from the Program, SUWS will make every reasonable effort to find the Student and return the Student to the Program or to the Sponsor. An accounting of the expenses incurred by SUWS in finding and returning the Student will be made to the Sponsor who agrees to accept full responsibility for any and all such costs and expenses, and to pay the same within seven (7) days of the Sponsor's receipt of said accounting.

I. LOSS OR DAMAGE TO STUDENT'S PROPERTY. SUWS is not liable for any loss of or damage to any of the Student's property. The Student is fully responsible for the same at all times.

J. SUBCONTRACTING. Sponsor agrees and consents to SUWS's subcontracting certain services to be rendered under this Agreement to persons or entities deemed by SUWS to be properly qualified to provide said services, at no additional cost to Sponsor unless otherwise agreed to by both parties. SUWS is not responsible for the services provided by such third-party contractors and is hereby released from any liability arising from such services. All clinicians furnishing services to the Student, including any psychiatrists, psychologists, mental health professionals, or internists or the like, are independent contractors with the client and are not employees of SUWS. The Student is under the care and supervision of his/her attending clinician and it is the responsibility of the Student's clinician to obtain the Sponsor's informed consent, when required, for medical, surgical, or psychiatric treatment, special diagnostic or therapeutic procedures, or other services rendered the Student under the general and special instructions of the clinician.

K. NURSING CARE. SUWS provides only general nursing care unless, upon orders of the Student's physician, the Student is provided more intensive nursing care. If the Student's condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the Sponsors. SUWS shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that Student is not provided with such additional care.

5. ASSUMPTION OF RISKS; RELEASES AND INDEMNITIES .

Sponsor acknowledges serious hazards and dangers, known and unknown, inherent in the Program, including but not limited to ranch, agricultural and vocational activities, emotional and physical injuries, illness or death that may arise from

strenuous hiking, climbing and camping in a natural environment, exposure to the elements, plants and animals, running away from the Program, "acts of God" (nature), the ropes course, kayaking, water sports, stress, involvement with other students, self-inflicted injuries, and transportation to and from the Program's field location(s). Sponsor understands that in participating in the Programs Student will be in locations and using facilities where many hazards exist and is aware of and appreciates the risks, which may result. Sponsor understands that accidents occur during such activities due to the negligence of others that may result in death or serious injury. Sponsor and Student are voluntarily participating in the Programs with knowledge of the dangers involved and agree to accept any and all risks.

In consideration for being permitted to participate in the Programs, Sponsor agrees to not sue, to assume all risks and to release, hold harmless and indemnify SUWS and any and all of its predecessors, successors, officers, directors, trustees, insurers, employees, managers, agents, volunteers, community organizations, administrators, heirs, attorneys, executors, assigns and/or related or affiliated business entities including, but not limited to, Aspen Education Group, Inc. and Aspen Health Services Corporation (collectively all of the above persons and entities shall be referred to as the "Released Parties" hereafter) who, through negligence, carelessness or any other cause, might otherwise be liable to Sponsor or Student under theories of contract or tort law.

Sponsor intends by this Waiver and Release to release, in advance, and to waive his or her rights and discharge each and every one of the Released Parties, from any and all claims for damages for death, personal injury or property damage which Sponsor may have, or which may hereafter accrue as a result of Student's participation in any aspect of the Programs, even though that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. Additionally, Sponsor covenants not to sue any of the Released Parties based upon their breach of any duty owed to Sponsor or Student as a result of their participation in any aspect of the Programs. Sponsor understands and agrees that this Waiver and Release is binding on his or her heirs, assigns and legal representatives and that the Released Parties shall be exempt from liability to Sponsor, his or her heirs, assigns and legal representatives

Student is physically capable of participating in the Programs, and his or her medical care provider has approved his or her participation. If Sponsor is aware that Student is under treatment for any physical infirmity, ailment or illness, Student's medical care provider knows of and has approved Student's participation in the Programs. Sponsor acknowledges that Sponsor, and Sponsor alone, is solely responsible for Student's personal health and safety, and the personal property Student brings with him or her. Sponsor acknowledges that the medical insurance information Sponsor has provided on the Medical Form is current and complete and that Sponsor is solely responsible for procuring and maintaining all medical insurance Sponsor deems necessary and that the Released Parties have recommended that Sponsor procure and/or maintains medical insurance. Sponsor accepts full responsibility for any costs incurred for medical treatment due to failure to procure or maintain insurance, or providing outdated or falsified insurance information. Sponsor understands that it is ultimately Sponsor's responsibility to provide payment to any hospital/emergency response technicians/emergency transport company that may provide services to Student as a result of injury/illness during the Programs.

Sponsor agrees that this Release extends to all claims of every nature and kind whatsoever, and hereby expressly waives all rights under California Civil Code section 1542 which provides as follows:
"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

Sponsor agrees to indemnify the Released Parties from any and all actions, causes of action, claims, demands, damages, costs (including attorneys' fees), expenses, liabilities and charges, known or unknown (the "Liabilities") arising out of or in connection with claims and/or actions relating to or brought by or on behalf of Student, including, without limitation, claims related to or arising out of the Minor's participation in the Program.

6. AUTHORIZATION FOR MEDICAL CARE AND RECORDS. In the event of an accident, injury, illness, or other medical necessity, Sponsor hereby authorizes SUWS to: (a) provide emergency first aid to the Student in the field and enroute to any hospital or clinic, (b) arrange for any medical, dental, psychiatric, hospital, ambulance or other health-related care for the Student deemed necessary by SUWS's staff; and (c) authorize a physician, dentist or other health-care professional(s) to perform any procedure(s) that the health-care professional(s) deems necessary for the well-being of the Student. All costs and expenses incurred for these services shall be the sole responsibility of the Sponsor. Sponsor also authorizes SUWS to arrange for a physical examination (including a drug screen urine/blood test, at SUWS's option) and any psychological assessments of the Student deemed necessary by SUWS prior to the Student's beginning the Program. Sponsor also authorizes any and all medical doctors, psychiatrists, psychologists, counselors, therapists, hospitals, clinics and treatment centers that have treated or counseled the Student, and whose names Sponsor shall provide to SUWS, to release all information regarding the Student's medical and/or psychological history, diagnoses and treatments to SUWS upon request. SUWS shall handle all such protected health information (also "PHI") pursuant to the guidelines promulgated in the Health Insurance Portability & Accountability Act ("HIPAA") of 1996.

7. **AUTHORIZATION FOR SEARCH AND SEIZURE.** Sponsor hereby authorizes SUWS personnel to search the person and personal effects of the Student at any time. In connection with such search, SUWS may, in its discretion, require Student to remove all of his or her clothing. SUWS is further authorized to confiscate any and all items deemed by SUWS to be contraband or counterproductive to the Student's successful completion of the Program. The disposition of all items confiscated by SUWS shall be left to the sole discretion of SUWS.8. **AUTHORIZATION FOR RESTRAINT.** Sponsor hereby authorizes SUWS personnel to physically restrain, control and detain the Student by the exercise of necessary restraints when deemed necessary by SUWS, for purposes including but not limited to escorting the Student to and from the Program's location, returning the Student to the Program if the Student runs away, or preventing the Student from jeopardizing the Student's own safety or the safety of others. In the event of a runaway, all appropriate law enforcement agencies or security personnel of any federal, state, county or municipal entity are hereby directed to detain and retain custody of the Student until Sponsor or any personnel of SUWS arrive, at which time SUWS personnel may re-obtain custody or control of the Student or authorize continued custody by the law enforcement agency until travel is arranged for the Student's return home.

9. **RESEARCH AUTHORIZATION.** Sponsor hereby authorizes SUWS to use data from the Student's records, tests, and assessments for purposes of ongoing research, provided that the Student's name and identity will be kept confidential and not used in any published materials.

10. **EARLY TERMINATION BY SUWS/LIQUIDATED DAMAGES.** SUWS reserves the right to terminate this Agreement at any time due to: (i) failure of Sponsor to pay any amounts due under paragraph 4; (ii) illegal, uncontrollable, or dangerous behavior by the Student; (iii) discovery of any unprompted or previously unknown physical, medical, mental, or emotional problem(s) of the Student; or (iv) for any other reason if SUWS deems it necessary for the protection of the Student, any other student(s) or the integrity of SUWS's Program. **In the event that SUWS elects to terminate the Student pursuant to the terms of this paragraph, Sponsor understands and agrees that Sponsor forfeits all monies pre-paid to the program.** The forfeiture reflects the recognition that certain costs associated with making the program available to the Student are incurred, whether or not the program is completed, including such items as salaries, inventories, and other general operating expenses. Therefore, Sponsor understands and agrees that the policy of non-refundable payments and expenses is a reasonable estimate of the losses (i.e., Liquidated Damages) the program incurs with the early termination of Student.

11. **SPONSOR EDUCATION PROGRAM AND COOPERATION.** Sponsor agrees to attend the seminar for parents and guardians of the students conducted by SUWS during the Program, and to give Sponsor's full cooperation to SUWS personnel throughout the Program, in order to maximize the benefits of the Program for the Student and the Sponsor. Sponsor also agrees to read any educational materials and watch any video programs sent to Sponsor by SUWS, and to fill out and return to SUWS any interactive educational materials, while the Student is in the Program.

12. **ESCORTS.** If an escort is required to bring the Student to Idaho for the Program, Sponsor agrees that any escort or escort service used by Sponsor, whether or not Sponsor is referred to the escort by SUWS, is in all respects an independent contractor contracting directly with Sponsor. Sponsor agrees that SUWS bears no responsibility of any kind for any such escort service or the negligence or failure thereof.

13. **HEALTH INSURANCE.** Sponsor warrants that the Student is presently covered, and will for the duration of the Program be covered, by adequate health insurance covering claims that may arise in connection with any accident, injury or illness that the Student may suffer or incur during the Program. Whatever deductibles or coverage exclusions may apply in a given case shall be satisfied entirely by Sponsor.

14. **EMANCIPATION.** Sponsor warrants that the Student is a minor, both by age and as a matter of law, that the Student does not qualify under the law as an "emancipated minor," and that the laws of the Student's state of residence permit Sponsor to place the Student in the Program without the Student's consent.

15. **DELAYED PERFORMANCE.** Except for the obligation to make payments when due hereunder, all other obligations under this Agreement shall be suspended for so long as one or both Parties hereto are prevented from performing hereunder by acts of God/nature, the elements, acts of federal, state or local governments, agencies or courts, damage to or destruction or unavoidable shut-down of necessary facilities, or other matters beyond their reasonable control; provided, however, that any party so prevented from complying with its obligations hereunder shall promptly notify the other party thereof and shall exercise due diligence to remove and overcome the cause of such inability to perform as soon as practicable.

16. **ATTORNEY'S FEES.** In the event that either party is found in default or material breach of any specific promise, term or condition expressly set forth in this Agreement by an arbitrator(s) or a court of competent jurisdiction, said party shall be liable to pay all reasonable attorneys' fee, court costs and other related collection costs and expenses incurred by the other party in enforcing its contractual rights hereunder in said arbitration and/or court proceeding(s). In addition, Sponsor agrees to compensate SUWS for all reasonable attorneys' fees and costs incurred by SUWS in connection with those matters concerning which Sponsor has agreed to pay or indemnify SUWS herein.

17. **NOTICES.** Any and all notices, payments, reports and other correspondence required hereunder shall be deemed to have been properly given or delivered when made in writing and delivered personally to the party to whom directed, or when sent by United States mail with all necessary postage or charges fully prepaid, and addressed to the party to whom directed at its below specified address (or a new address after written notice of such change is given to the other party).

SUWS OF IDAHO
c/o Aspen Education Group
17777 Center Court Dr., Suite 300
Cerritos, CA 90701

PARENT'S NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE _____

18. **AMENDMENTS.** This agreement may be amended at any time upon mutual agreement of the parties hereto, but any amendment(s) must first be reduced to writing and signed by both parties in order to become effective.

19. **WAIVER.** A waiver by any party of any provision hereof, whether in writing or by course of conduct or otherwise, shall be valid only in the instance for which it is given, and shall not be deemed a continuing waiver of said provision, nor shall it be construed as a waiver of any other provision hereof.

20. **PARAGRAPH HEADING.** The paragraph headings of this Agreement are inserted only for convenience and in no way define, limit or describe the scope or intent of this Agreement nor affect its terms and provisions.

21. **GOVERNING LAW/VENUE.** This Agreement, and all matters relating hereto, including any matter or dispute arising between the parties out of this Agreement, tort or otherwise, shall be interpreted, governed, and enforced according to the laws of the State of California; and the Parties consent and submit to the exclusive jurisdiction and venue of the California Courts in Los Angeles County, California, and any qualified (American Arbitration Association-approved) arbitration service in the State of California, County of Los Angeles, to enforce this Agreement. The parties acknowledge that this agreement constitutes a business transaction within the State of California.

22. **SEVERABILITY.** In the event that any provision of this Agreement, or any operation contemplated hereunder, is found by a court of competent jurisdiction to be inconsistent with or contrary to any law, ordinance, or regulation, the latter shall be deemed to control and the Agreement shall be regarded as modified accordingly and, in any event, the remainder of this Agreement shall continue in full force and effect.

23. **NUMBER.** As used in this Agreement, the term "Sponsor" shall include all Sponsors, being the parent(s) and/or guardian(s) executing this Agreement; and singular pronouns shall include the plural and plural pronouns shall include the singular, whenever the context so requires.

24. **ACKNOWLEDGEMENT/ENTIRE AGREEMENT.** Sponsor hereby acknowledges that Sponsor has read this Agreement and that Sponsor understands and consents to all of its provisions; that this Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof; and that all other prior agreements, promises, expectations and conditions, oral or written, between the parties are incorporated herein. Other than the express commitments set forth in this Agreement and the Program description, SUWS gives no warranties of any kind, express or implied, to either the Sponsor or the Student concerning the Program; and Sponsor acknowledges that Sponsor is not relying on any warranties or representations of any kind other than the express commitments of SUWS set forth herein.

25. **BINDING EFFECT.** This Agreement shall be binding upon and inure to the benefit of the parties hereto, their heirs, personal representatives, successors and assigns.

26. **RELEASE OF INFORMATION.** The parties authorize the release of the Student's information via E-mail, Internet technology, voice mail or US mail. While every effort will be made to maintain confidentiality, SUWS accepts no responsibility for the mistransmission that could result in information becoming available to someone other than the intended receiver. SUWS shall handle all such protected health information (also "PHI") pursuant to the guidelines promulgated in the Health Insurance Portability & Accountability Act ("HIPAA") of 1996.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the dates set forth below.

	✍		
Printed Name of Father/Guardian		Signature of Father/Guardian	Date
	✍		
Printed Name of Mother/Guardian		Signature of Mother/Guardian	Date

Accepted:

SUWS PROGRAMS	Date of Signature

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SAFETY PROVISIONS & PARENT AUTHORIZATION & CONSENT

Inasmuch as I have enrolled my son/daughter (full legal name) _____ (sometimes referred to herein as "Student") into the SUWS PROGRAMS beginning with the Student's arrival, now anticipated on _____ (the "Arrival Date"), and understanding that the program to be conducted in Idaho is a rigorous physical and emotional experience for youth, and realizing that SUWS has exclusive control of (full legal name) _____ during this time, I approve and consent to the following safety procedures to ensure the well-being of all participants:

- € My/Our child's personal effects and his/her person may be searched at the discretion of SUWS personnel at any time. In connection with such search, SUWS may, in its discretion, require Student to remove all of his or her clothing. SUWS is further authorized to confiscate any and all items deemed by SUWS to be contraband or counterproductive to the Student's successful completion of the Program. The disposition of all items confiscated by SUWS shall be left to the sole discretion of SUWS. All prescribed medications to be taken by my/our child during the course of the Program must be in the custody and dispensed by SUWS personnel.
- € All medical personnel of any hospital or other appropriate medical facility shall have authorization to provide routine and emergency medical treatment for my child when deemed necessary by qualified medical personnel. I also consent to procedures, including surgery, either regular or emergency, to be performed for my child by a licensed physician when deemed necessary or advisable by the physician to safeguard my child's immediate health and I cannot be contacted. I waive my right to informed consent to such treatment with the understanding that a reasonable attempt to contact me has been made.
- Any and all psychologists, medical doctors, hospitals, counselors, therapists, or others who have counseled or treated my/our child, and whose names have been provided to SUWS on the Parent Concern Questionnaire, are hereby authorized to release all information regarding medical history, diagnosis, treatment, or disability to SUWS staff and consultants who will be involved in my/our child's program.
- SUWS personnel have my permission to review, return or restrict all incoming/outgoing mail to/from my child based on therapeutic indications.
- Should our son/daughter run away from the control and supervision of the SUWS staff during the term of the SUWS program, all appropriate law enforcement or security personnel of any federal, state, county, or municipal entity shall be directed to detain and retain custody of my/our son/daughter until my spouse or I or any SUWS personnel arrive, at which time SUWS personnel may re-obtain custody or control of him/her, or SUWS may authorize continued custody by the entity until travel is arranged for his/her immediate return to my/our home.
- SUWS personnel shall be authorized to physically restrain, control, and detain my/our child when deemed necessary by SUWS, including but not limited to escorting the Student to and from the Program's location, returning the Student to the Program if the Student runs away, or preventing the Student from jeopardizing the Student's own safety or the safety of others. SUWS Behavioral Management Policy is available upon request to parents and/or referral sources. It is understood that any physical restraint will be the minimum required and will only be used to ensure his/her safety.

 Printed Name of Father/Guardian

 Signature of Father/Guardian

 Date

 Printed Name of Mother/Guardian

 Signature of Mother/Guardian

 Date

- (1) **Make sure that you COMPLETELY fill out the medications section below, including the exact name of the medication as it appears on the packaging. If the dosages on the packaging does not match what your doctor has told you to give your child, you will need to get a new prescription that is correct. DO NOT send anything with your child unless it is completed in this section.**
- (2) Please send a **28 day supply** of medication with your child. Please do not overnight or ship medication to SUWS. Refills will be taken care of by the SUWS Programs at [Kendrick's Pharmacy](#). We refill a 30 day supply a minimum of 10 days before the student runs out. If you would like the pharmacy to attempt to bill prescriptions through your insurance, you **MUST** fax a copy of your insurance card to (208) 934-8899 and then call them at (208) 934-4000 to verify they received it. **NOTE:** The Pharmacy is not responsible for out of network insurance providers who will not cover medication.
- (3) IF your child requires an **inhaler**, you must send **two (2) inhalers** even if your child hasn't used one in a while. Please make sure the inhalers are **NOT** expired. We cannot give a child an expired inhaler. (If your child requires more than one kind of inhaler, send two (2) of each.)
- (4) IF your child requires **epinephrine shots** for allergic reactions, you must send **two (2) Epi-pens**.
- (5) Do not send Acne Medication due to sun sensitivity.

*Our consulting physician, Dr. Thomas Pryor, will review all medications and may call you if he has any questions or concerns.

Name of Medication(s) EXACTLY as indicated on the package	Dosage of each pill (mg, tsp)	Form (tab, liquid)	EXACT number of tablets/Units to be administered						Number of days, weeks, months, or years student has been on this current dosage	Comments
			AM	Noon	Dinner	Bedtime	As Needed	Other		
EXAMPLE	50mg	Tab	1.5	1.5	1.5	1.5	1.5	1.5		Take with food

List Allergies:

My signature below verifies that medications are thoroughly documented above. List "none" for both medications and allergies if appropriate.

Signature of Parent/Guardian

Date

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INFORMATION DISCLOSURE AND CONFIDENTIAL COMMUNICATION

In the state of Idaho, the Department of Self-Governing Agencies, and Bureau of Occupational Licenses regulate the practice of both licensed and unlicensed persons in the field of psychotherapy under title 54, chapter 34. Licensure of an individual under this chapter does not imply endorsement by the counseling board nor effectiveness of treatment.

You as a client are entitled to receive information about the methods of therapy, techniques used, duration of treatment, fee structure, and information regarding relevant education and training of the SUWS staff. This information is found in the SUWS application materials and/or can be provided by a SUWS admissions counselor or field supervisor. In addition, you are responsible for choosing the SUWS program and its treatment modality, and have the right to refuse treatment at any time by withdrawal from the SUWS program.

In the state of Idaho, information provided by and to a client during treatment is legally confidential and will not be shared outside the Aspen Education Group system without expressed permission. Exceptions to confidentiality include (1) Suspicion of child abuse/neglect; (2) Any situation in which there is a reasonable possibility that an individual may harm himself/herself or another person; and (3) Situations in which a court orders disclosure.

It is the policy of SUWS Programs that correspondence addressed to its students is handled in accordance with applicable Idaho State law and U.S. Postal Service regulations. According to Regulation 612.2 of the U.S. Postal Service's Postal Operations Manual, a minor's parents may control delivery of mail addressed to their minor child.

The undersigned parents authorize SUWS to open and inventory correspondence addressed to their child to ensure the contents of such correspondence is not detrimental to the child's health, safety, or well being. Please inform those family members and individuals to address the correspondence to "SUWS Programs" and address the second line to "ATTN: name of your child's Field Supervisor / your child's name."

After your child graduates from our program, a representative of SUWS may follow up by telephone to complete a questionnaire about your child, how he/she is functioning after his/her completion of our program. These questions are designed to provide us with helpful information and to improve the quality of the services we offer. Your signature constitutes a release of information that will allow SUWS or its authorized representative to follow up with you regarding your child and the effectiveness of our program. Your participation in this study will be most appreciated.

I understand client rights/confidentiality as outlined in the Idaho statute. I understand that I may, at any time, request further information regarding these rights.



Signature of Father/Guardian

Date



Signature of Mother/Guardian

Date

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Field office (208) 886-2565 · Fax (208) 886-2041 · E-Mail suwsfield@suws.com

Idaho State Regulations Addendum

SUWS has had the privilege of operating in Idaho since 1981. SUWS is licensed as a Children’s Therapeutic Outdoor Program by the Idaho Department of Health and Welfare, license # 12924. **The State requires SUWS to maintain the following information in your child’s file, please do not leave any question unanswered.**

City & State of Birth: _____
(IC 561.01.b)

Race: _____
(IC 561.01.d) *If your child is of applicable Indian heritage, please note SUWS agrees to be in compliance with the Indian Child Welfare Act.*

Identifying Marks: If “None”, please indicate as such.

(IC 561.01.d)

Last Known Address and With Whom the Student Lived: If residing with “Parent”, please indicate as such.

(IC 561.01.e)

Student’s Religious Preference: If “None”, please indicate as such.

Parent’s Religious Preference: If “None”, please indicate as such.

(IC 561.01.p)

Is there a social worker or service worker assigned to your child? Yes No
If yes, please provide his/her name: _____
(IC 561.01.aa)

If your child’s application was submitted more than 30 days prior to admissions, complete the following information. Do not leave any question unanswered; if there are no changes, add “NA” to each blank.

Physical /medical changes _____

(IC 561.01.f)

Behavioral changes _____

(IC 561.01.f)

SUWS Adolescent and Youth Programs
911 Preacher Creek Road Shoshone, ID 83352
Admissions (888) 879-7897 ? Fax (208) 886-2153 ? E-Mail admissions@suws.com
Field office (208) 886-2565 ? Fax (208) 886-2041 ? E-Mail suwsfield@suws.com

OPTIONAL PSYCHOLOGICAL TESTING

The assessment procedures used will evaluate the child in three major categories:

Cognitive: IQ and or achievement testing to determine the strengths and weaknesses of a person’s thinking in eleven domains including: general awareness, attention, memory, verbal comprehension, visual-spatial ability, computation, abstract thought, impulsivity, problem solving, social comprehension, and judgment. Obtain level of academic functioning and compare results to national norms. Rule out learning disabilities, ADD/ADHD, or nonverbal learning disability. Rule out thought disorders and screen for organic impairment.

Emotional: Assess emotional functioning and assess for depression, anxiety, deficits in identity formation, obsessive/compulsive disorders, and sleep disorders. Assess personality functioning. Obtain data regarding developmental and emotional age. Obtain data regarding family dynamics. Evaluates who the child is and why he or she is behaving as they are.

Behavioral: Screen for substance abuse. Screen for trauma and abuse. Screen for risk of self-harm, aggression, and treatment compliance or flight. Detect malingering and deceit. Screen for behaviors that are high risk, illegal, or violate the rights of others or major social values.

Psychological evaluations include clinical interviews, a write-up of test results, and consultation with parents and, when requested, with possible aftercare placements. Many boarding schools and residential treatment centers request test results to ensure that they are accepting students for whom they can be most helpful. Consequently, testing is often an important component of treatment and aftercare planning.

Consent to Administer Psychological Testing

I hereby agree to psychological testing for the child named below. I understand that all test protocols and all material generated from the assessment are the property of the SUWS Programs. I understand that information may come to light during this evaluation that must remain confidential, due to the content of the disclosure. I understand that the results of the assessment will be used by the staff of SUWS Programs to enhance the treatment of the child named below. SUWS has my permission to release information to any professional who is working with my child. Finally, I understand that no information will be shared with anyone else, or any other agency, without my permission.

Please check the testing you’d like to have done.

- € **Full Psychological and Educational Testing** \$2250
- € **Personality Testing Only** \$1250
- € **Educational Testing Only** \$1000

Name of Minor: _____ Relationship to Minor: _____
Printed Name of Parent/Guardian: _____

✍ **Signature** _____ **Date** _____

- € **I have previous testing and will fax a copy to 208-886-2153 for review.** (If previous testing is over a year old SUWS recommends new testing.)

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AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Completion of this document authorizes the disclosure or use of individually identifiable health information, as set forth below, consistent with State and Federal law concerning the privacy of such information. Failure to provide all information requested may invalidate this Authorization.

I hereby authorize the use or disclosure of my health information as follows:

★ **Student Name :** _____

Persons/Organizations authorized to *use or disclose* the information¹: SUWS Programs

★ Persons/Organizations authorized to *receive* the information (**Please give name, address, phone and fax numbers of Educational Consultants, Clinical Professionals, Transport Agencies, and Therapeutic Schools and Programs that will be involved with you and your child during his/her stay at SUWS**):

Name/Relationship to student

Address

City/State/Zip

Phone/Fax

Email
 Initial Call only Weekly Calls As Needed

Name/ Relationship to student

Address

City/State/Zip

Phone/Fax

Email
 Initial Call only Weekly Calls As Needed

Name/ Relationship to student

Address

City/State/Zip

Phone/Fax

Email
 Initial Call only Weekly Calls As Needed

Name/ Relationship to student

Address

City/State/Zip

Phone/Fax

Email
 Initial Call only Weekly Calls As Needed

★ **Purpose of requested use or disclosure²:** At the request of the individual unless otherwise indicated.

This Authorization applies to the following information³:

★ All health information pertaining to any medical history, mental or physical condition and treatment received.
[Optional] Except: _____

★ **This Authorization expires⁴:** _____
(One year from anticipated date of enrollment into SUWS Program)

NOTICE OF RIGHTS AND OTHER INFORMATION

I may refuse to sign this Authorization.

I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the following address:

SUWS Programs
911 Preacher Creek Road
Shoshone, ID 83352

My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance upon this Authorization.

I have a right to receive a copy of this authorization.⁵

Neither treatment, payment, enrollment nor eligibility for benefits will be conditioned on my providing or refusing to provide this authorization.⁶

Information disclosed pursuant to this authorization could be re-disclosed by the recipient and might no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

I may inspect or obtain a copy of the health information that I am being asked to use or disclose.



Date: _____ Time: _____ am/pm

✍ Signature: _____
(Student/Representative/Spouse/Financially Responsible Party)

If signed by someone other than the student, state your legal relationship to the student⁷: _____

Witness: _____

(If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may be redisclosed and may no longer be protected. California law prohibits recipients of your health information from redisclosing such information except with your written authorization or as specifically required or permitted by law.)

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ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Aspen Education Group and its affiliated entities. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

By signing this form, you acknowledge receipt of the SUWS Religious and Cultural Policy. SUWS does not require that students participate in religious practices, but will make reasonable attempts to accommodate the religious and cultural preferences of program participants and parents.

Our Notice of Privacy Practices is subject to change. If we change our Notice, you may request a copy of the revised notice by accessing our web site (<http://www.aspeneducation.com>) or contacting our organization at (562) 467-5500. If you have any questions about our Notice of Privacy Practices, please contact Aspen's Privacy Officer at (562) 467-5500.

I acknowledge receipt of the Notice of Privacy Practices of Aspen Education Group and its Affiliated Entities.

✍ Signature: _____ Date: _____
(Individual/Parent/Conservator/Guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT

[To be completed only if no signature is obtained.]

If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of Aspen representative: _____ **Date:** _____

NOTICE OF PRIVACY PRACTICES
Effective Date: April 14, 2003

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.

If you have any questions about this notice, please contact our Human Resource Manager.

WHO MUST FOLLOW THE REQUIREMENTS OF THIS NOTICE?

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Aspen Education Group and its affiliated entities (collectively, "Aspen") must take steps to protect the privacy of your "protected health information" (referred to in this Notice as "PHI" or "health information"). PHI includes information that we have created or received regarding your health or payment for your health. It includes both your medical records and personal information such as your name, social security number, address, and phone number.

Aspen Education Group is an organization that is committed to improving the quality of life for youth and their families. Aspen operates 31 programs in nine states that provide innovative quality educational programs that promote academic and personal growth. The services provided by Aspen's programs are diverse and, in some cases, the provision of health care treatment and services may be the primary function – for example, the provision of mental health services by Aspen Community Services – or, in other cases, the provision of health care treatment may be a secondary or ancillary function -- for example, a nurse's office located on an Aspen school campus. Aspen also operates an employee benefit health plan for the benefit of its employees.

All of these programs, functions and services operated or provided by Aspen are conducted through separate but Affiliated Entities which are identified on Exhibit B attached to this Notice. Under the privacy standards contained in HIPAA, legally separate but affiliated entities may designate themselves as a single covered entity for compliance purposes. Accordingly, this Notice constitutes notice of the privacy practices for all of the Aspen-affiliated entities, sites and locations that are listed on the attached Exhibit B, which will follow the terms of this Notice. In addition, these entities, sites and locations may share health information with each other for treatment, payment or health care operations purposes as described in this Notice. All Aspen employees are required to maintain the confidentiality of PHI in accordance with this Notice and receive appropriate privacy training.

Please note, however, that this Notice of Privacy Practices does not apply to student medical records that are maintained by Aspen's four special education day schools in Southern California -- Hawthorne Academy, Rossier Park High School and Elementary School, and Leeway School. The reason is that these schools are subject to the Federal Educational Rights and Privacy Act ("FERPA") resulting from their receipt of indirect funding from the U.S. Department of Education. The privacy rights and protections afforded to student medical records maintained by those schools will be governed by FERPA instead.

RESPONSIBILITIES OF ASPEN EDUCATION GROUP AND ITS AFFILIATED ENTITIES

We are required by law to:

- Make sure that health information that identifies you is kept private (with certain exceptions);
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of this Notice that are currently in effect.

This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BY ASPEN THAT DO NOT REQUIRE YOUR AUTHORIZATION

Aspen uses and discloses protected health information in a number of ways connected to the provision of health care treatment and services, payment for care, and our health care operations. Some examples of how we may use or disclose your health information without your authorization are listed below.

We may use or disclose your protected health information without your authorization as follows connected to the provision of health care treatment and services:

- To physicians, nurses, and others involved in your health care or preventive health care.
- To other health care providers treating you such as hospitals, pharmacies, labs, emergency room staff and specialists. For example, if you are being treated for an injured knee, we may share your health information among your primary physician, the knee specialist, and your physical therapist so they can provide proper care.

We may use or disclose your protected health information without your authorization as follows in relation to payment for care:

- To administer your health benefits policy or contract (for Aspen Education Group Employee Benefit Plan members).
- To bill you for health care we provide.
- To pay others who provided care to you.
- To other organizations and providers for payment activities unless disclosure is prohibited by law.

We may use or disclose your protected health information without your authorization as follows in relation to health care operations:

- To administer and support our business activities or those of other health care organizations (as allowed by law) including providers and plans. For example, we may use your health information to review and improve the quality of care you receive, to provide training, and to evaluate the performance of our staff in caring for you.
- To other individuals (such as consultants and attorneys) and organizations that help us with our business activities. (Note: If we share your health information with other organizations for this purpose, they must agree to protect your privacy.)

We may use or disclose your protected health information without your authorization for legal and/or governmental purposes in the following circumstances:

- As required by law -- When we are required to do so by federal, state or local law.
- Public health and safety -- To an authorized public health authority or individual for public health and safety purposes, including to:
 - Protect or prevent a serious threat to the health and safety of the public or of another person.
 - Prevent or control disease, injury, or disability.
 - Report vital statistics such as births or deaths.
 - Report reactions to medications or problems with products and notify people of recalls of products they may be using. (Food and Drug Administration.)
 - Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
 - Notify an employer concerning work-related injuries or illnesses or workplace medical surveillance in situations where the employer has a duty under federal or state law to keep records on or act on such information.
- Abuse or neglect -- To the appropriate government authority authorized to receive reports regarding abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law. However, no consent is required in cases involving child abuse or neglect.
- Health oversight activities -- To health oversight agencies for certain activities such as audits, investigations, inspections and licensure.

- Lawsuits and disputes -- In the course of any legal proceeding, in response to an order of a court or administrative agency. Also, in certain cases, in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.
- Law enforcement -- To law enforcement officials in limited circumstances for law enforcement purposes. For example disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or to provide information concerning victims of crimes.
- Military activity and national security -- To the military (if you are a member of the armed forces), and to authorized federal officials for national security and intelligence purposes or in connection with providing protective services to the president of the United States.
- Workers' compensation -- Where authorized by law in order to comply with the workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

We may also use or disclose your protected health information without your authorization in the following miscellaneous circumstances:

- Facility directory information -- Unless you object, we may use and disclose your name, the location at which you are receiving care, your general condition (e.g., fair, stable, etc.), and your religious affiliation in our facility directory. All of this information except religious affiliation will be disclosed to people who ask for you by name. Members of the clergy (such as a priest or rabbi) will be told your religious affiliation if they ask (but they don't have to ask for you by name). This is to help your family, friends, and clergy visit you in the facility and generally know how you are doing.
- Family and friends -- Unless you object, we may disclose health information about you to a family member, relative, a close friend - or any other person you identify who is directly involved in your health care - who is involved in your care or who helps pay for your care. If you are either not present or unable to make a health care decision for yourself and we determine that disclosure is in your best interest, we may also disclose such health information about you to those persons. For example, we may disclose health information to a friend who brings you into an emergency room.
- Appointment reminders -- To remind you that you have a health care appointment with us. These reminders may be made by postcard, phone, or voicemail unless you specifically ask us to communicate with you through a different method as described later in this Notice.
- Treatment alternatives and health-related services -- To communicate with you about treatment services, options, or alternatives, as well as health-related benefits or services that may be of interest to you.
- Employer group health plans -- For Aspen Education Group Employee Benefit Plan members, we may communicate with your employer for certain administrative activities.
- Health insurance underwriting -- For Aspen Education Group Employee Benefit Plan members, we may use your health information for underwriting, premium rating or other health insurance-related activities
- Research -- For research purposes provided that certain steps are taken to protect your privacy. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the facility
- De-identify information -- To "de-identify" information by removing information from your health information that could be used to identify you.
- Disaster relief -- To an authorized public or private entity for disaster relief purposes. For example, we might disclose your health information to help notify family members of your location or general condition.
- Coroners, funeral directors, and organ donation -- To coroners, funeral directors, and organ donation organizations as authorized by law.

- Correctional institution -- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official for certain purposes, such as (1) providing health care to you by the institution; (2) protecting your health and safety or the health and safety of others; or (3) protecting the safety and security of the correctional institution.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BY ASPEN THAT REQUIRE US TO OBTAIN YOUR AUTHORIZATION

Except in the situations listed in the sections above, we will use and disclose your health information only with your written authorization. If you sign an authorization you may revoke it at any time in writing, although this will not affect information that we disclosed before you revoked the authorization. If you would like to ask us to disclose your health information, please contact the Aspen Privacy Officer at (562) 467-5500 for an authorization form. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the right to:

- Restrictions on use or disclosure -- Request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Please note that we are not required to agree to your request. If we do agree, we will honor your limits unless it is an emergency situation. To request restrictions, you must make your request in writing to the Aspen Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- Confidential Communications -- Request that we communicate with you about health matters by another means or at another location. For example, if you want us to communicate with you at a different address we can usually accommodate that request. Any request must be made in writing to the Aspen Privacy Officer. Your request must specify how or where you wish to be contacted. We will agree to reasonable requests.
- Inspect and copy -- Inspect and copy health information that may be used to make decisions about your care. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Aspen Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. In certain situations we may deny your request and will tell you why we are denying it. In some cases you may have the right to ask for a review of our denial.
- Amend -- If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Aspen. To request an amendment, your request must be made in writing and submitted to the Aspen Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for Aspen
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

- Accounting of disclosures -- Request an "accounting of disclosures." This is a list of the disclosures we made of health information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above) and for other exceptions pursuant to the law. To request this list or accounting of disclosures, you must submit your request in writing to the Aspen Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional 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.
- Paper copy -- Request a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

CHANGES TO PRIVACY PRACTICES

Aspen may change the terms of this Notice at any time. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. If we change any of the practices described in this Notice, we will post the revised Notice on enrollee-accessible web sites and at Aspen clinic sites. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Aspen or with the Secretary of the Department of Health and Human Services. To file a complaint with Aspen, write to Ruth Moore, Vice President, Corporate Compliance, at 17777 Center Court Drive, Suite 300, Cerritos, CA 90703. For more information on how to file a written complaint, contact the Aspen Privacy Officer at (562) 467-5500. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

QUESTIONS

If you have any questions about this Notice or would like an additional copy, please contact the contact the Aspen Privacy Officer at (562) 467-5500

SUWS PROGRAMS

Subject: 579 – Religious and Culture Policy	Dept: 200 – Operations
Approved By:	Page: 1 of 1
Date: January 1, 2003	Revision: June 24, 2010

POLICY:

It is the policy of SUWS Programs to provide for its students' spiritual and cultural development needs as appropriate within the framework of the program structure. Prior to a child's enrollment, SUWS will provide parents/guardians with a copy of this policy and require that they return it with their signature and date. SUWS does not require that students participate in religious practices, but will make reasonable attempts to accommodate the religious and cultural preferences of program participants and parents.

PROCEDURE:

1. SUWS is a non-denominational program and as such does not offer training on religious or spiritual practices. However, each student is encouraged to express and explore his/her own spiritual beliefs through group discussion, curriculum activities, and journal assignments designed for self-understanding.
2. Parents will receive a copy of this policy during the admissions process and will be required to return it with their signature and the date signed.
3. During the initial clinical assessment, each student's religious and spiritual practices and beliefs will be assessed and any requests made by students for religious literature at this time will be honored, given the parents' permission and approval.
4. The individualized plan to provide spiritual and religious support to students must be documented in the Service Plan and updated when communications or action take place regarding the student's religious or spiritual development, and when the student receives requested religious literature.
5. Students can practice any religious, cultural, and spiritual beliefs while in the program, as long as it is practical and respectful of others and can be done without danger to self or others.
6. SUWS holds the belief that children should be allowed to choose their religious and spiritual beliefs without coercion and/or disrespect by peers or staff. Students in the program are not forced to participate in any religious or spiritual activities. All efforts will be made to support and learn about cultural, religious, and spiritual differences among group members
7. .

EXHIBIT B-Aspen Entities

1. Academy at Swift River, Cummington, MA
2. Academy of the Sierras, Reedley, CA
3. Adirondack Leadership Expeditions, Saranac Lake, NY
4. Aspen Achievement Academy, Loa, UT
5. Aspen Ranch, Loa, UT
6. Bromley Brook School, Manchester Center, VT
7. Camp Wellspring, NY
8. Cedars Academy, Bridgeville, DE
9. Copper Canyon Academy, Lake Montezuma, AZ
10. Excel Academy, Conroe, TX
11. Healthy Living Academy, Reedley, CA
12. Island View, Syracuse, UT
13. Lone Star Expeditions, TX
14. Mount Bachelor Academy, Prineville, OR
15. New Leaf Academy, Bend, OR
16. New Leaf Academy of North Carolina, Hendersonville, NC
17. NorthStar Center, Bend, OR
18. Oakley School, Oakley, UT
19. Outback Therapeutic Expeditions, UT
20. Passages to Recovery, Loa UT
21. Pine Ridge Academy, Salt Lake City, UT
22. Rossier Park Elementary, Orange, CA
23. Rossier Park Junior Senior School, Buena Park, CA
24. Stone Mountain School, Black Mountain, NC
25. Sunhawk Academy, St George, UT
26. SUWS of the Carolinas, NC
27. SUWS Adolescents & Youth Programs, Shoshone, ID
28. Talisman Summer Camp, NC
29. Turn About Ranch, Escalante, UT
30. Wellspring Adventure Camps, NY
31. Youth Care, Inc., Salt Lake City, UT