



**MEDICATIONS TAKEN:**

Name	Dosage	Route	Frequency

**EMERGENCY CONTACT INFORMATION: (Local)**

First Name	Last Name	Relationship	Phone
------------	-----------	--------------	-------

**EMERGENCY CONTACT INFORMATION: (Out of State or Not Living With You)**

First Name	Last Name	Relationship	Phone
------------	-----------	--------------	-------

**PHYSICIAN/PHARMACY INFORMATION:**

Physician's Last Name:	First Name:	Phone:
------------------------	-------------	--------

Pharmacy Name:	Phone:
----------------	--------

Home Health Care Agency:	Phone:
--------------------------	--------

**SHELTER INFORMATION:**

Provide Own Transportation to Shelter:  Yes  No  
 If you need assistance with transportation, check one of the following:  
 automobile  
 van with wheelchair lift  
 stretcher

**PET INFORMATION:**

*(If applicable, indicate how many)*  
 \_\_\_\_\_ Cat  
 \_\_\_\_\_ Dog  
 \_\_\_\_\_ Service Dog  
 \_\_\_\_\_ Other

Number of caretakers going with patient to the shelter: \_\_\_\_\_

Name	Relationship	Phone Number

**COMMENTS:****EMERGENCY MANAGEMENT USE ONLY:**

Previous Application:  Yes  No     SN  Public Shelter  Stay Home  Dialysis Center

Need More Information \_\_\_\_\_  Deceased \_\_\_\_\_ Date of Notification: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Initials: \_\_\_\_\_

Mail Form to: **Seminole County Emergency Management, Dept. Public Safety, 150 Bush Blvd., Sanford, FL 32773 (407) 665-5102**

**SEMINOLE COUNTY DEPARTMENT OF PUBLIC SAFETY  
SPECIAL NEEDS PROGRAM  
PRIVACY DISCLOSURE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED WHILE YOU ARE REGISTERED AS A SPECIAL NEEDS INDIVIDUAL AND SHOULD YOU NEED TO EVACUATE TO A SPECIAL NEEDS SHELTER. IT ALSO EXPLAINS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY, SIGN, WITNESS AND RETURN WITH YOUR REGISTRATION FORM.**

Seminole County Department of Public Safety is required by law to maintain the privacy of certain health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. Seminole County Department of Public Safety is also required to abide by the terms of the version of this Notice currently in effect.

**Uses and Disclosures of PHI:** Seminole County Department of Public Safety may use PHI for the purposes of treatment and health care operations, in most cases without your written permission. Examples of our use of your PHI:

**For Treatment:** This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment and care while you are in a special needs shelter, and may transfer your PHI via radio or telephone to the hospital or dispatch center if the need arises.

**For Health Care Operations:** This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

**For Updated Transportation and Medical Information or Other Services:** We may also contact you or your emergency contact to provide you transportation information and medical information during emergency evacuations or to provide information about other services we provide. We may also contact you for updated information on your current medical condition.

**Use and Disclosure of PHI without your Authorization:** Seminole County Department of Public Safety is permitted to use PHI without your written authorization, or opportunity to object in certain situations, and unless prohibited by a more stringent state law, including:

- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers compensation purposes, and in compliance with workers compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- To health department and fire rescue personnel for treatment purposes;
- To the Seminole County School Board personnel for transportation purposes;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transportation;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

(OVER)

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

**Patient Rights:** As a special needs registrant or patient, you have a number of rights with respect to your PHI, including:

**The Right to Amend your PHI:** You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact the Privacy Officer.

**The Right to Request an Accounting:** You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting, contact our privacy officer.

**The Right to Request that we Restrict the Uses and Disclosures of your PHI:** You have the right to request that we restrict how we use and disclose your medical information that we have about you. Seminole County Department of Public Safety is not required to agree to any restriction your request, but any restrictions agreed to by Seminole County Department of Public Safety in writing are binding on Seminole County Department of Public Safety.

**Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request:** If we maintain a web site, we will prominently post a copy of this Notice on our web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

**Revisions to the Notice:** Seminole County Department of Public Safety reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our privacy officer.

**Your Legal Rights and Complaints:** You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to our privacy officer.

Privacy Officer Contact Information:

Luwayne Bradley, NREMT  
Seminole County EMS Performance Management  
150 Bush Blvd. Sanford, FL 32772  
Phone: 407-665-5038  
HIPAA Fax: 407-665-5048  
Email: [LBradley@seminolecountyfl.gov](mailto:LBradley@seminolecountyfl.gov)

Effective Date of the Notice: February 15, 2008

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness (1)

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Witness (2)