



**DELAWARE COUNTY SPECIAL NEEDS REGISTRY (DCSNR)
DELAWARE COUNTY, OHIO**



**AUTHORIZATION FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION (HIPAA RELEASE)**

By signing this Authorization for Use and Disclosure of Protected Health Information (Authorization), I acknowledge that I have voluntarily provided or may voluntarily provide protected health information (PHI) about me, my child under 18 years of age, or my legal ward to the Delaware County Special Needs Registry (DCSNR), operated by the Board of Delaware County Emergency Management. As described below, I authorize the release of PHI about my condition, medication, recent services received by an emergency medical provider, and personally identifying information.

I authorize DCSNR to use and/or disclose to any emergency responder with a need to know any and/or all such PHI about me, my child under 18 years of age, or my legal ward. This information is being disclosed to facilitate immediate or emergency care or treatment.

In the event of an emergency involving me, my child under 18 years of age, or my legal ward, this Authorization permits DCSNR for purposes of treatment or lack thereof, to use and/or disclose to any emergency provider any and/or all PHI which I have voluntarily provided to DCSNR or may voluntarily provide to DCSNR about me, my child under 18 years of age, or my legal ward. Such emergency providers include any hospital or healthcare provider requiring access to this PHI as part of the physician-patient relationship.

Per my request, the PHI will be used or disclosed only in the event of an emergency for the purpose of assisting emergency responders in providing any treatment or a lack thereof to me, my child under eighteen 18 years of age, or my legal ward. This purpose is provided so that I may make an informed decision whether to allow release of the PHI.

Further, I authorize DCSNR to use and/or disclose to any governmental or social service provider that may offer services to persons with special needs, including Source Point, Delaware County Board of Developmental Disabilities, and assisted living facilities, PHI about me, my child under eighteen 18 years of age, or my legal ward. This information is being released to facilitate the future delivery of services to me, my child under 18 years of age, or my legal ward, by these agencies.

This authorization will expire on my written revocation of this Authorization or upon my decision to revoke my, my minor child's, or my ward's participation in DCSNR.

DCSNR will not receive payment or other remuneration from a third party in exchange for using or disclosing the PHI.

I understand that I do not have to sign this Authorization in order to receive treatment from any emergency provider. In fact, I have the right to refuse to sign this Authorization. When my information is used or disclosed pursuant to this Authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this Authorization in writing except to the extent that SNR has acted in reliance upon this Authorization. My written revocation must be submitted to the privacy officer at:

**Delaware County Special Needs Registry
C/o Sandy Mackey, Delaware County EMA
10 Court St. Delaware, Ohio 43015**

(Signatures on the next page.)



**DELAWARE COUNTY SPECIAL NEEDS REGISTRY (DCSNR)
DELAWARE COUNTY, OHIO**



**AUTHORIZATION FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION (HIPAA RELEASE)**

Signed by: _____
Print Patient's Name Date

Signature of Patient, Parent, or Legal Guardian, if applicable Relationship to Patient

Print Name of Patient, Parent, or Legal Guardian, if applicable

Email address: _____

Address: _____

Phone: _____

**This Authorization must be returned to:
Delaware County Special Needs Registry
C/o Sandy Mackey, Delaware County EMA
10 Court St. Delaware, Ohio 43015
(740) 833-2180
delcospecialneeds@delcoema.org**

No PHI will in any way be accepted, used, released, and/or disclosed until an original signed copy of this form is received and logged-in by SNP coordinator or his designee.