



# Geauga County Department of Emergency Services (DES) Special Needs Registry

## Red Sections required information

The Special Needs Registry is a cooperative effort between the Geauga County Departments of Emergency Services, Department on Aging and the Geauga County Sheriff's Office.

The Special Needs Registry allows Geauga County residence with special needs the opportunity to provide information to emergency/first responders so they can plan to serve you in an emergency.

If you need transportation or any other assistance during an emergency, please fill out this response form. This information will be kept confidential.

Please review and initial the [Acknowledgement for Use and Disclosure of Protected Health Information](#).

You may return this information by one of three ways:

E-mail: Fill out the form here

USPS Mail: Fill out the form and mail to...a USPS stamp is required  
 Geauga County Department of Emergency Services  
 12518 Merritt Road  
 Chardon, Ohio 44024-9049

Fax: Fill out the form; Print; Fax to 440.286.1023

Official use only: Stamp date

<b>Person Filling Form</b>		<b>Date:</b>	
<b>The Name of the Person with Special Needs</b>		<b>Date of Birth</b>	mm / dd / yyyy
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Home Phone: TTD Number (If applicable)</b>			
<b>Responding Fire Dept</b>			
<b>In Case of Emergency (I.C.E.) Phone Numbers At least 1; Family Member, Friend(s), Neighbor(s)</b>			

**SPECIAL NEEDS: PLEASE CHECK THE APPROPRIATE BOX AND SPECIFY ASSISTANCE REQUESTED.**

<input type="checkbox"/>	Hearing impaired	
<input type="checkbox"/>	Memory impaired	
<input type="checkbox"/>	Visually impaired	
<input type="checkbox"/>	Special transportation for disabled	
<input type="checkbox"/>	Medical	
<input type="checkbox"/>	No access to TV	
<input type="checkbox"/>	No access to radio	
<input type="checkbox"/>	Other	

In the event a condition listed above changes, please advise us. A new form should be submitted each year, so that we may have current information.

# GEAUGA COUNTY SPECIAL NEEDS REGISTRY

## ACKNOWLEDGEMENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (HIPPA RELEASE)



ADMINISTRATED BY

GEAUGA COUNTY DEPARTMENT OF EMERGENCY SERVICES

GEAUGA COUNTY SHERIFF'S OFFICE



---

### **Geauga County Special Needs Registry (GCSNR) Acknowledgment for Use and Disclosure of Protected Health Information (HIPPA Release)**

By initialing this Acknowledgment for Use and Disclosure of Protected Health Information (Acknowledgement), I understand that I have voluntarily provided or may voluntarily provide protected health information (PHI) about myself, my child under eighteen (18) years of age, or being the Individual's "Personal Representative" [45 CFR 164.502(g)] to the Geauga County, Ohio Special Needs Registry (SNR), operated by the Geauga County Board of Commissioners and administered by the Geauga County Department of Emergency Services and the Geauga County Sheriff's Office. I authorize SNR 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 eighteen (18) years of age, or the Individual of concern.

In the event of an emergency involving me, my child under eighteen (18) years of age, or the Individual of concern, this Acknowledgement permits SNR, 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 SNR or may voluntarily provide to SNR about me, my child under eighteen (18) years of age, or the Individual of concern. Such emergency providers may include any police or fire departments, hospital or healthcare providers requiring access to this PHI as part of the healthcare 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 for any evacuation, care and treatment or a lack thereof to me, my child under eighteen (18) years of age, or the Individual of concern. This acknowledge is provided so that I may make an informed decision whether to allow release of the PHI.

This Acknowledgment will expire on my written revocation of this Acknowledgment. Geauga County 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 Acknowledgment in order to receive treatment from any emergency provider. In fact, I have the right to refuse to sign this Acknowledgment. When my information is used or disclosed pursuant to this Acknowledgment, 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 Acknowledgment in writing except to the extent that SNR has acted in reliance upon this Acknowledgment.

My written revocation Special Needs Registry to:

**Geauga County Special Needs Registry  
C/O Geauga County Department of Emergency  
Services Attn: Judy Oberstar  
12518 Merritt Rd.  
Chardon, Ohio 44024**

I've read and understand Geauga County's *Special Needs Registry (GCSNR) Acknowledgment for Use and Disclosure of Protected Health Information (HIPPA Release)*

Initials