

Date Received:	_____
Received by:	_____

**AUTHORIZATION FOR THE RELEASE OR USE OF
PROTECTED HEALTH INFORMATION (PHI)**

SECTION A:

Client Name: _____	Address: _____
Phone: _____	E-mail: _____
<p>I, _____, hereby authorize the Westshore Regional CERT to disclose (Name of client)</p> <p>protected health information to members of the WSC Safetynet Task Force and fire, EMS, and emergency dispatch personnel of the Westshore cities (Bay Village, Fairview Park, Lakewood, North Olmsted, Rocky River, Westlake) for the purpose of providing volunteer and professional emergency services to persons with unique physical or mental challenges in the event of an emergency situation warranting the activation of the Westshore Regional Community Emergency Response Team. The specific information to be released is client name, address, phone number(s), e-mail address(es), emergency contacts (individuals) information, emergency assistance needs, and applicant/client relationship.</p>	

SECTION B: By signing below, I understand that:

- ❖ This authorization shall remain in effect until revoked by me in writing.
- ❖ I have the right to revoke or cancel my participation in the Safetynet Program at any time by providing notice in writing to this office.
- ❖ If I revoke or cancel this authorization, it is not effective for the use or for the disclosure of my protected health information that has already occurred.
- ❖ Any information used or disclosed as per this specific authorization may be re-disclosed by the person or entity receiving the information. In such a situation, it may no longer be protected by federal or state law.
- ❖ My participation in the Safetynet Program is voluntary. If I choose to participate, this PHI form, completed and signed by me or my authorized representative, is required. The WSC may release information pursuant to this signed authorization only if the form is completed thoroughly and all conditions listed are met.
- ❖ I have a right to inspect or copy the protected health information that will be used or disclosed as per this authorization.

SECTION C:

Signature of Client or Authorized Representative:	Print name of Client:
Representative's legal authority to client*:	Print name of Authorized Representative:
Today's Date:	

*The individual who's PHI is being released should sign and date the form. However, if the individual is not able to sign the form, the individual's authorized representative should sign and date it. If the form is signed by an authorized representative, the representative's "legal authority" to act on the part of the individual must be indicated. Legal authority includes but is not limited to a parent who signs the form for a minor child or an individual who has power of attorney over the affairs of the individual whose PHI is being released.

A photocopy of the Safetynet Program application and this PHI form will be mailed to the client.