Mendham Borough Police Department In Case of Emergency Data Information Form

Department Cas	se#				
Date Client Sub	mitted: _				
		Client's l	Person	ıal Data	i:
Name:	Last		First		
Name:	Last		First		
Home Address:		Street			
County Home Phone Nun	nber# (City	-	State -	_
Primary Language Name Of Trans	e: slator For Far	mily:			
Is Person Ambula If Not, Describ	tory ? be Means Of	Last Mobility:			First
	Med	dical Con	dition	s & His	story
Diagnosis of Disa	bility Or An	y Other Med	ical Con	dition:	
Cardiac C.	O.P.D	Seizures	Refe	r to PCR _	Transplants
Other (If so, plea	ase explain) _				
Are you on a Bloo	od Thinner?	Yes or No)		
Is Person Verbal	?:				
If Not, Describe M	Mean Of Con	nmunication	:		

Known Allergies Of M	Medications		
Does Client Become	Aggressive Under N	Medications ?	
Any Other Precaution	s To Be Aware Of	?	
Name Of Current Prin	nary Doctor :	Last First	
	Walker, Wheelchair	Or Aide To Assist Client ? ; Port Oxygen, Defibulator, Life Alert, Pa	ace
Do you rely on electr	•	st with your medical conditions?	
	Emergency C	Contact Information ler To Be Contacted)	-
Name : Last	,	First	
Address :	Street		
County	City	State	
Relationship To Clie	nt:		
Home Number:			
Cell Number:			
Work Number:			
Additional Information	on;		
Name :Last	,	First	
		FIISt	
Address :	Street		

County	lity	St	ate
Relationship To Client:			
Home Number:			
Cell Number :			
Work Number :			
Additional Information:			
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Name :Last	, 	First	
Address:			
County	City		State
Relationship To Client:			
Home Number :			
Work Number :			
Additional Information:			

BOROUGH OF MENDHAM HIPAA AUTHORIZATION FORM

I,, give permission to the Borough of Mendham to: use the following protected health information, and/or disclose the following protected health information to: (1) Emergency Services; (2) Borough Administration; and (3) Mendham Borough Police Department.
Information to be disclosed: Information and/or records regarding my condition in the event of an emergency
This protected health information will be used or disclosed in the event of emergency.
If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and is no longer protected by these regulations.
You may refuse to sign this authorization.
You may inspect or copy the protected health information to be used or disclosed under this authorization.
Finally, you may revoke this authorization in writing at any time by sending written notification to the Borough Administrator at Borough of Mendham, Phoenix House, 2 West Main Street, Mendham, NJ 07945. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive your written request to revoke authorization.
Signature of Participant or Personal Representative
Date
Printed Name of Participant or Personal Representative
Description of Personal Representative's Authority