

Evacuation Form for Residents in Need (Confidential)

Instructions: Completely fill out the form, sign and date, return the form to:

Upper Fairfield Township EMA
4090 Rt. 87 Hwy.
Montoursville, Pa. 17754

Date of Initial Completion: _____

Residence: Home _____ Rent _____ Group Home _____ CY / Foster _____

Do You Speak English? Yes _____ No _____ Do You Read English? Yes _____ No _____

If Your Answer is NO, what is your native language? _____

Personal Information:

Name: _____

Phone: _____

Address: _____

Cell Phone: _____

Email: _____

Date of Birth: _____

Male _____

Female _____

Mobility: Check if the answer is "Yes"

____ Confined to a bed

____ Confined to a Wheelchair

____ Use a Walker

____ Use Medical Support Equipment (oxygen, ventilator, other: _____)

____ Hearing Impaired

____ Sight Impaired

____ Service Animal

____ Without any Personal Means of Transportation

____ Other Personal Situation _____

*** I might not be able to evacuate without help due to: Mental Disability, Mental Retardation, Autism, Alzheimer's or due to not being able to verbally respond. _____ Yes _____ No

This is where I would hide if I was fearful (Inside, Outside): _____

I must take **medicine** daily which is prescribed by my doctor: ☐ Yes ☐ No

Primary Care Physician:

Telephone Number: _____

Name: _____

Address: _____

EMERGENCY CONTACT

Name: _____

Phone: _____

Cell: _____

Address: _____

E-mail: _____

Relationship: _____

EMERGENCY CONTACT

Name: _____

Phone: _____

Cell: _____

Address: _____

E-mail: _____

Relationship: _____

Do you have **pets** in the household needing evacuation? ☐ Yes ☐ No

EMERGENCY INFORMATION --- CONFIDENTIAL

Privacy Information: Privacy of Health Information/HIPAA Disclosures in Emergency Situations

Question: May an emergency official make disclosure to public officials who are responding to any man-made or natural emergency?

Response: Yes. Various agencies and public officials will need protected health information to deal effectively with a man-made or natural emergency. To facilitate the communications that is essential to a quick and effective response to such events, HIPAA permits covered entities to disclose needed information to public officials in a variety of ways. Covered entities may disclose protected health information, without the individual's authorization, to a public health authority acting as authorized by law in response to a man-made or natural emergency, see 45 CFR 164.512(b), (see 45 CFR 164.512(j), (see 45 CFR 164.512(f); 45 CFR 164.512(k)(2); or judicial and administrative proceedings (see 45 CFR 164.512(e))

Emergency Information --- Confidential

My Consent

My Signature Below Authorizes Upper Fairfield Township to Share Information Provided by Me in The Attached Emergency Information Form With:

- Lycoming County Emergency Management
- Upper Fairfield Township Emergency Management
- Fire Department
- Police Department
- Emergency Medical Services
- Upper Fairfield Township Elected Officials
- First Responders and other Emergency Officials

My Signature Below Also Represents My Agreement with The Following Statements:

Liability: Neither the County of Lycoming, Pa (or any of its elected officials, employees, agencies or departments), Upper Fairfield Township, Lycoming County, Pa (or any of its elected officials, employees, agencies or departments), nor any of the individuals or entities involved in the accumulation of data, entry of data or use of the data can be assured of the accuracy, completeness, or reliability of the information provided by me or assure the use of that information in an emergency situation. Under no circumstances shall the County of Lycoming, Upper Fairfield Township (or any of their elected officials, employees, agencies or departments), or any other agencies mentioned above, be liable to me, for any claims arising from the use of said information, and I release and discharge the same from any and all claims, demands, suits, causes of action, damages, costs and other legal or equitable remedies arising from the use or possession of said information.

Information: I agree that you may retain my information and use it for emergency planning and response, effective from the date of my signature and continuing until / if I submit a signed, dated notice to Upper Fairfield Township Municipal Office, to the attention of Emergency Management, requesting that they remove my information. I understand that Upper Fairfield Township may contact me to verify my information, and if I fail to respond, Upper Fairfield Township may remove my name and information from their data base. I understand that I am responsible for notifying Upper Fairfield Township if I change my address.

X _____
(signature of authorized person)

X _____
(witness)

X _____
(Date)

X _____
(Relationship)

Return Your Form To:

Upper Fairfield Township EMA
4090 Rt. 87 Hwy.
Montoursville, Pa.
Ph: 570-435-0488