



Carmel, Indiana
 BEST PLACE TO LIVE IN AMERICA
Niche.com 2018



Specific Response Registry Form

The Specific Response Registry is a voluntary registry that is designed to provide advanced notice to emergency response personnel (including, but not limited to, Carmel Fire Department, Carmel Police Department, and Hamilton County Public Safety Communications (9-1-1 dispatch)) of a Resident that may have difficulty leaving a residence quickly in the event of an emergency or that may require a specific response from emergency response personnel. A Resident may have difficulty leaving a residence quickly or require a specific response from emergency response personnel for a number of reasons, including, but not limited to, a physical, mental, medical, sensory, or intellectual disability. The information provided in this form is to aid emergency response personnel in an emergency situation.

Resident's Information:

Resident's First Name: _____ **Last Name:** _____

DOB: ___/___/___ **Gender (Circle one):** Male / Female

Resident's Address: _____

Apartment Number: _____

City: _____

State: _____

Zip: _____

Resident's Email: _____

Resident's Primary Telephone Number: (____) _____ - _____

Secondary Telephone Number: (____) _____ - _____

Specific/Special Need: _____

Reason(s) resident may have difficulty leaving residence quick in the event of an emergency:

Unable to Walk Difficulty Communicating Difficulty Following Instructions

Difficulty Hearing Limited Vision Other (Please Explain)

Other/Additional information that emergency personnel should know (pets, children, adaptive equipment (prosthetics, oxygen)):

Emergency Contact Information:

Emergency Contact Name: _____

Emergency Contact Phone: (_____)_____-_____

Emergency Contact Second Phone: (_____)_____-_____

Emergency Contact E-mail: _____

Person Completing Form (if different from Resident):

Name: _____

Address: _____

Apartment Number: _____

City: _____

State: _____

Zip: _____

Email: _____

Primary Telephone Number: (_____)_____-_____

Relationship To Resident (Please Circle One):

- Parent
- Spouse
- Child
- Grandparent
- Other (Please Explain)

Acknowledgment & Electronic Signature:

To the extent that any information provided in this form constitutes Protected Health Information, such information is subject to the requirements and protections afforded under all applicable state and federal laws and regulations as may be amended from time to time, including the Health Insurance Portability and Accountability Act (“HIPAA”).

I certify that I am:

___ the Resident (named above) that may have difficulty leaving a residence quickly in the event of an emergency or that may require a specific response from emergency response personnel; or

___ the Resident’s legal guardian; or

___ the Resident’s parent (if the Resident is under the age of 18).

__ I am NOT the Resident, the Resident's legal guardian, or Resident's parent (if the Resident is under the age of 18), but I am the Resident's _____ and I am completing this form because _____

To the extent that any information provided in this form constitutes Protected Health Information, I hereby authorize and consent to its release to any emergency response personnel of, but not limited to, the Carmel Fire Department, the Carmel Police Department, and the Hamilton County Public Safety Communications (9-1-1 dispatch), to be used to assist emergency response personnel in case of an emergency.

- **This consent is subject to revocation at any time by notifying the Carmel Fire Department in writing, except to the extent that action has been taken in reliance on the consent.**
- **Any future treatment, payment, enrollment, or eligibility for benefits is not conditioned upon whether or not this release is authorized and/or consented to.**
- **There is potential that information disclosed under the terms of the authorization will be redisclosed by the recipient and no longer protected by 45 CFR Part 164, Subpart E.**

I understand that, by providing the above information, a state, county, or municipal emergency responder, including any present and former officer, agent, and/or employee of, but not limited to, the Carmel Fire Department, the Carmel Police Department, and the Hamilton County Public Safety Communications (9-1-1 dispatch), does not assume any responsibility or duty beyond that which is provided for under applicable law.

I agree to provide timely written notice to the Carmel Fire Department of any changes to the information provided above, including, but not limited to, a change of residence or a change to the specific need(s) of the Resident.

I affirm, under penalty of perjury, that the information provided above is accurate and true to the best of my knowledge, and understand that if I have intentionally or knowingly provided incorrect information I may be subject to criminal and/or civil liability.

This information, included the consent, WILL expire every 12 months. In order to remain part of the Specific Response Registry, this form must be completed every 12 months. I understand that my electronic signature constitutes a legal signature confirming that I acknowledge and agree to the above.

Signature: _____

Today's Date: _____