



## Client Consent

•HIPPA permits various agencies and public officials who are responding to a man-made or natural emergency to disclose needed information. 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.

•I consent to having my information shared with the West Manheim Township Emergency Management Agency, the York County Office of Emergency Management, West Manheim Township Police Department, Pleasant Hill Volunteer Fire Company Fire- Rescue and Emergency Medical Services Personnel, the York County Human Services Agency, others involved with Residents Special Needs Program, and Municipal Officials.

•**Liability:**

Neither the County of York (or any of its elected officials, employees, agencies, or departments), York County Planning Commission, West Manheim Township, nor any of the individuals or entities involved in the accumulation of data, entry of data, or the use of the data can assure the accuracy, completeness, or reliability of the information provided or the use of that information in an emergency situation. Under no circumstances shall the County of York nor the other entities as noted previously be liable to you, including claims of negligence, for any special, incidental, direct, indirect, punitive, or consequential damage.

•**Information:**

I agree that you may retain any information and use it for emergency planning and response, effective from the date of my signature and continues until / if I submit a signed, dated notice to my local Municipal Office, to the attention of Emergency Management, requesting that they remove my information. I understand that my local Municipality may contact me to verify my information, and if I fail to respond, the Municipality may remove my name from the Residents Special Needs Registry. I understand that I am also responsible for notifying my Municipality (West Manheim Township) if I change my address.

► **I have read and understood the information release on this form**

► \_\_\_\_\_  
(Signature of Resident)

► \_\_\_\_\_  
(Date)

► \_\_\_\_\_  
(Signature of Care-Giver, If Applicable)

► \_\_\_\_\_  
(Date)

► \_\_\_\_\_  
(Signature of Authorized Person, If Applicable)

► \_\_\_\_\_  
(Date)