



**Dane County
Disaster Assistance Voluntary Registry Program**

**AUTHORIZATION TO RELEASE INFORMATION,
INCLUDING PROTECTED HEALTH INFORMATION**

Instructions- At the bottom of this form please print your name, sign your name, and write the date you filled out this form. (Please make a copy of your completed form for your own records.)

I understand that my participation in the Dane County Disaster Preparedness Registry Program is voluntary and that all information I provide, including any Protected Health Information, will be treated as confidential. I further understand that the information I provide will only be released to Dane County Emergency Management; emergency responders, managers and planners; and those individuals who manage the Registry database.

I understand that the information that I have provided to the Registry will only be used in the following circumstances: to respond to disaster-related events; to respond to emergency needs; for evacuation and recovery efforts; and for disaster planning purposes. I understand that under some limited circumstances the information may be released without my permission as allowable by federal or state law.

EXPIRATION: This Authorization shall expire one (1) year from the date of my signature below.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

I understand that I, or my personal representative, is entitled to receive a copy of the completed authorization form upon request.* I understand that I have the right to revoke this authorization at any time. I understand that if I revoke the authorization I must do so in writing and submit my written revocation to Dane County Emergency Management. I understand that the revocation will not apply to information that has already been released. I also understand that once information is released to others, it may be re-disclosed to individuals or organizations not subject to state and federal privacy and confidentiality laws and may not be protected.

I have had full opportunity to read and consider the contents of this Authorization, and I confirm that the contents are consistent with the information provided by Dane County Emergency Management with respect to the Disaster Preparedness Registry Program. I understand that, by signing this form, I am confirming my authorization that Dane County Emergency Management may disclose to the person(s)/organization(s) named in this form the information described in this form.

Print Name: _____

Signature: _____ Date: _____

* Please retain a signed copy of this Authorization for your records.