

**EMERGENCY INFORMATION – CONFIDENTIAL**

**EVACUATING WATSONTOWN BOROUGH RESIDENTS IN NEED**

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

**Watsonstown Borough  
318 Main Street  
P.O. Box 273  
Watsonstown, PA 17777  
570-538-1000**

Date of Initial Completion: \_\_\_\_\_

House: Home \_\_\_\_\_ Rent \_\_\_\_\_ MH/R Group Home \_\_\_\_\_ CYA Foster Home \_\_\_\_\_

Do you **SPEAK** English? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you **READ** English? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is **NO**, what is your Native language? \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mobility: Check if the answer is “yes”

\_\_\_\_\_ Confined to Bed

\_\_\_\_\_ Confined to Wheelchair

\_\_\_\_\_ Unable to Negotiate Stairs

\_\_\_\_\_ Require Medical Support Equipment, Oxygen/Ventilator or other: \_\_\_\_\_

\_\_\_\_\_ Walk with Walker, Cane or other: \_\_\_\_\_

\_\_\_\_\_ Hearing Impaired – Do you have a TTY or similar device Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Sight Impaired

\_\_\_\_\_ Other Personal Situation: \_\_\_\_\_

\_\_\_\_\_ Without any personal means of transportation

\_\_\_\_\_ Service animal

I might not be able to evacuate without help due to a: Mental Disability, Developmental Disability, 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): \_\_\_\_\_

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

Primary Care Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Do you have **pets** in the household needing evacuation: Yes \_\_\_\_\_ No \_\_\_\_\_

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**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 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))

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**My signature below authorizes the Watontown Borough to share the information provided by me in the attached emergency information form with:**

- Northumberland County Emergency Management
- Watontown Borough Emergency Management

- Fire Department
- Police Department
- Watsontown Borough Municipal Officials
- Emergency Responders
- Emergency Officials

**My signature below also represents my agreement with the following statements:**

**Liability:** Neither the County of Northumberland, PA (or any of its elected officials, employees, agencies or departments), Watsontown Borough, Northumberland 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 Northumberland, Watsontown Borough (or any of their elected officials, employees, agencies or departments), or any of the other entities 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 the Watsontown Borough Municipal Office, to the attention of Emergency Management, requesting that they remove my information. I understand that Watsontown Borough may contact me to verify my information, and if I fail to respond, Watsontown Borough may remove my name and information from their data base. I understand that I am also responsible for notifying Watsontown Borough if I change my address.

X \_\_\_\_\_  
(Signature of Authorized Person)

X \_\_\_\_\_  
(Witness)

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Relationship

**Return Your Form To:**  
**Watsontown Borough**  
**318 Main Street, PO Box 273**  
**Watsontown, PA 17777**