



Willamette Emergency Medical Services

A Division of Campus Safety

(503) 370-6911

wemsdirector@willamette.edu

www.willamette.edu/org/wems

Willamette University's student-run, on-campus, free, emergency medical service provider.

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Instructions: Mark an X or check in each box . Return this form via email to Nathan Brown, President of Willamette EMS, at nabrown@willamette.edu.

I authorize Willamette Emergency Medical Services, a student organization of Willamette University operating under the license of Brian Clothier MD, to use and disclose an electronic paper copy of the specific health information described below. This release regarding:

Patient Name: _____

Consisting of (*see definitions on back*): emergency patient care report patient care refusal

For the purpose of: Continued Care Legal Disability School Records
 Other (*specify*): _____

To the recipient:
Name/Organization: _____

Address: _____

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed if I place my **initials** in the applicable space next to the type of information.

<input type="checkbox"/> HIV/AIDS Information	<input type="checkbox"/> Genetic testing information
<input type="checkbox"/> Mental Health Information	<input type="checkbox"/> Drug/alcohol diagnosis, treatment, or referral information

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict redisclosure of HIV/AIDS information, mental health information, genetic testing information and drug/alcohol diagnosis, treatment or referral information.

You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only

circumstance when refusal to sign means you will not receive health care services is if the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure.

To revoke this authorization, please send a written request to Nathan Brown, President of Willamette EMS, at nabrown@willamette.edu before the information is released. This authorization will expire one year from signing unless revoked.

I have read and understand this authorization.

Signature: _____ Date: _____
Signature of Individual or Representative

Description of Representative:

Definitions:

1. Patient Care Report
 - a. This is the report recorded and filed by the responding Willamette EMS personnel. This report may include information such as (but not limited to) vital signs recorded by the responders, any medical history obtained, history of present condition such as last oral intake, medications reported, condition of patient, treatments administered, speculated cause of illness or injury, planned outcome for the patient.
2. Patient Care Refusal
 - a. Refusal of continued care or transportation by Willamette EMS signed by patients that meet criteria of being fully alert and understanding of the meaning of care refusal and who are able to fully orient themselves as determined by the responding personnel in accordance with medical protocols. Refusals include information (but not limited to) such as name, date, steps for continued care, signed acknowledgement by patient that they are aware of the possible outcomes if further treatment is not obtained.