



HOPEWELL VALLEY
OFFICE OF EMERGENCY MANAGEMENT
MERCER COUNTY

**Authorization for the Release of Information
(HIPAA)**

Mercer County and Hopewell Township
Office of Emergency Management

I hereby authorize the County of Mercer and Hopewell Township Office of Emergency Management to release information concerning personal and/or medical history to any individual or agency where such is in the sole interest of the person being served as a result of their participation in the Special Needs Registry.

The County of Mercer and Hopewell Township Office of Emergency Management generally will not share information that you have provided to them with others without your agreement. However, in some circumstances disclosure could be required by law or the County of Mercer and Hopewell Township Office of Emergency Management could determine that disclosure would protect the health or well being of its clients, others, or the community, regardless of your preference.

Please initial below if you agree to release information to other disaster relief, voluntary or non-profit organizations and/or governmental agencies providing disaster relief.

I agree to release my information to other disaster relief, voluntary or non-profit organizations

(Initials)

I agree to release my information to governmental agencies providing disaster relief

(Initials)

By signing here, I acknowledge that I have read the confidentiality statement and understand it.

Signature: _____ Date: _____

201 WASHINGTON CROSSING PENNINGTON ROAD
TITUSVILLE, NEW JERSEY 08560
609-737-3100, FAX 609-737-1775