CONFIDENTIAL INFORMATION RELEASE CONSENT FORM

Project Safe Response

Project Safe Response Mission:
The City of Appleton Project Safe Response provides first responders with information to assist in responding for wandering or crisis calls involving community members with dementia, autism or other cognitive impairment that may cause them to wander or have communication barriers. The information provided will assist first responders in better understanding the background of and positive response methods for individuals who are registered. This allows first responders to better serve those registered and their families and increases safety for all involved.

Client Information Collected By:

- Agency Name:_____
- Agency Address:_____
- Agency Phone Number:_____
- Name of Contact Person:_____

Client Information:

- Client Name:_____
- Client DOB:_____
- Client Phone #:_____
- Client Address:_____

Information for Client Regarding the Release:
The information provided in this form will be available to all first responders. Limited information will be provided to fire, medical, and Victim Crisis Response Team personnel in the case of an emergency. The information provided to law enforcement, fire and medical personnel will be noted in the following form. Once information is received from an involved agency and this release form has been completed the information will be sent to the Appleton Police Department Community Resource Unit. Once the provided information meets Project Safe Response criteria it will be entered into the emergency communication system (Spillman) used by the Appleton Police Department, which is also utilized throughout Outagamie County. Fox Valley Memory Project and the Aging and Disability Resource Center are involved in the in-take process and will access this information as well.

Information Released to Involved Agencies:
The information provided for Project Safe Response will only include that which is self-reported or provided by a caregiver in order to assist in providing more positive and safer interactions between the community member and first responders. The information contained in Project Safe Response with not include collateral information from a provider of mental, physical or behavioral health services.

Expiration/Revocation of Information:
The information provided in this form will be available to first responders for 12 months from the date this form is signed by the client. The client can revoke their consent at any time. To revoke consent the client may submit a written request to the agency who submitted the initial release form, or the client can submit a written request to revoke directly to the Appleton Police Department. If the client would

like the information removed from Project Safe Response less than 12 months from the date this form was signed please indicate the requested date here: ___/___/_____.

Consent Statement:

I,_____(Client/Legal Guardian Name/POA) understand and consent to the information provided for Project Safe Response being released to all first responders in Outagamie County, Fox Valley Memory Project and the Aging and Disability Resource Center for a maximum of 12 months from today's date. I understand I can revoke my consent to have this information released at any time during the next 12 months. I understand if I wish to revoke this information I must submit a written request to the agency submitting this form or to the Appleton Police Department. I understand I will be given a copy of this consent form and, if requested, will be given a copy of the information packet. I understand I am not obligated to sign this form. I understand the information provided may be re-disclosed to the above mentioned individuals until the expiration of this authorization. I understand by signing this consent statement the information I disclose is no longer protected by federal privacy standards.

Client/Legal Guardian Signature/POA:_____Date:_____

Person Authorized by Client:_____ Relationship:_____

Witness Signature:_____

I,_____,(Client/Legal Guardian Name/POA) give permission for my picture to be used in this program for identification purposes.

Client/Legal Guardian Signature/POA:_____Date:_____

Please contact the Appleton Police Department Community Resource Unit with any questions or completed forms.

Appleton Police Department
222 S. Walnut St.
Appleton, WI 54911
(920)832-5500

Program supported by Fox Valley Memory Project and Aging and Disability Resource Center