



## Orange County Fire Rescue Department Functional Needs Registry (HIPAA-Compliant)

Name:

DOB:

Address:

City:

Zip:

Phone:

Email:

### Functional / Medical Needs

**Autism**  Nonverbal  Verbal

**Down Syndrome**

**Mobility**

**Hearing**

**Vision**

**Dementia**

**LVAD**

**Alzheimer's**

**Developmental Delay**

**Multiple Sclerosis**

**Cerebral Palsy**

### Emergency Contacts

Contact 1 Name:

Phone:

Contact 2 Name:

Phone:

## Privacy Notice & Authorization

This form collects Protected Health Information (PHI) for emergency response.  
Information may be shared with OCFRD, EMS, law enforcement, and partner agencies.  
Data is stored securely and accessed only by authorized personnel.  
You may request access, correction, or removal of your information at any time.  
This authorization is voluntary and expires after one (1) year.

### Consent

I authorize OCFRD to use this information for emergency response.  
I understand this may be shared with authorized agencies.  
I may revoke consent at any time.

Signature:

Date:

### Decal Request

Please send a Functional Needs Awareness Decal for:

Home

Vehicle

Quantity: