

INCIDENT NUMBER

ADDRESS

ALREADY ENROLLED? YES NO

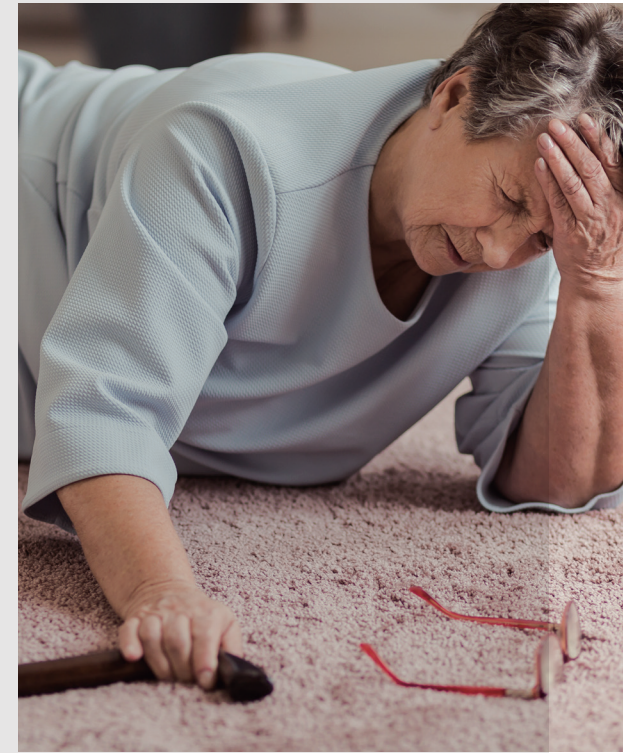
TYPE OF FALL? MEDICAL MECHANICAL

NARRATIVE:



Jefferson
Healthcare
JeffersonHealthcare.org

The falls prevention program is a collaborative effort between local EMS agencies, Jefferson Healthcare and primary care physicians in an effort to reduce the number of falls in our community.



FALLS PREVENTION

Falls are a common cause of serious injury in the elderly and can lead to an impaired ability to live independently. A single fall has the potential to be a permanent life-altering event.

The key is prevention.

FIRST ENROLLMENT

Enroll to open a line of communication.

When emergency medical responders are called to the scene of a fall-related incident, first responders will explain the program and offer to enroll you. Enrollment opens a line of communication between emergency medical responders and your primary care physician. This line of communication alerts your physician about your fall and the circumstances leading up to and surrounding it.

SECOND PREVENTION

Create a plan to prevent further falls.

Proactive action by you and your health care team will then create a plan to prevent further falls. Patients will often have their medications adjusted or may be referred to resources or services such as physical therapy to build strength and balance.

Establish care with a primary care provider at Jefferson Healthcare: **360.385.2200**
Contact our Falls Program Coordinator: **FallsProgram@jeffersonhealthcare.org**

Reduce your fall risk through therapy.

Physical Therapy: Aids in balance and strength

Occupational Therapy: Identifies limitations and provides modifications

Home Health: Performs home assessments for environmental risk factors

Tai Ji Quan—Moving for Better Balance: 12-week fall prevention program for adults

For more information visit **JeffersonHealthcare.org** or **360.385.2200**

AUTHORIZATION FORM

HIPAA DISCLOSURE

Share your protected health information for the purpose of falls prevention:

I hereby authorize _____ to use or disclose my protected health information that the provider has in his or her possession to healthcare representatives and their organizations within the Jefferson County Falls Prevention Program for the sole purpose of enrolling into a Falls Prevention Program. This includes information relating to my medical history, mental or physical condition, and any assessment or treatment received.

— I understand that I may inspect or copy the protected health information described by this authorization.

— I understand that, at any time, this authorization may be revoked, with the office that receives this authorization receives a written revocation, although that revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where another action has been taken in reliance on an authorization I have signed.

— I understand that information used or disclosed, pursuant to this authorization, could be subject to disclosure by the recipient and if so, may not be subject to federal or state law protecting its confidentiality.

Note: This authorization does not extend to HIV test results, outpatient psychotherapy notes, drug or alcohol treatment records that are protected by federal law, or mental health records that are protected by state or federal law.

SIGNATURE

| EXP. DATE (optional)

RELATIONSHIP TO INDIVIDUAL, IF REPRESENTATIVE