BOARD OF COUNTY COMMISSIONERS

INTER-OFFICE MEMORANDUM

Attachment # 1
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TO: Mac Kemp, Deputy Chief of Operations
Leon County Emergency Medical Services

FROM: Patrick T. Kinni
Sr. Assistant County Attorney

DATE: June 16, 2010

SUBJECT: Revised Standard Operating Guideline – Patient Consent/Authorization to Contact Social Services and Provide Referral Information

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Enclosed for use as an attachment to your Agenda Item is the *Patient Consent/Authorization to Contact Social Services and Provide Referral Information* form. We will also forward the document to you via e-mail for your convenience.

If you have any questions after you have had an opportunity to review this form, please contact the County Attorney's Office.

PTK:mal

Attachment

cc: Chief Tom Quillin, Division of Emergency Medical Services

F04-00337
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LEON COUNTY E.M.S.

Standard Operating Guideline

Title:	Social Services Referral
Effective:	September 14, 2010
Reviewed:	June, 2010
Revision:	2
Pages:	2

DRAFT

I. PURPOSE:

To refer patients to needed and appropriate social service providers within the community.

II. GUIDELINE:

LCEMS shall attempt to assist patients in finding appropriate social service providers in the community that meet the needs of that patient. Each paramedic shall attempt to assist the patient, when circumstances permit, to find appropriate resources in the community in an effort to reduce the utilization of inappropriate resources while more closely meeting the patient's needs.

III. PROCEDURE:

DRAFT

When a patient is identified with needs that are beyond the scope of LCEMS personnel, the paramedic shall, when circumstances permit:

1. Offer the patient a 211 Big Bend Card so that the patient can help themselves by calling for needed services;

2. Fill out the Patient Consent/Authorization to Contact Social Services and Provide Referral Information form and turn it in to the Shift Supervisor, pProviding as much information as possible;

3. The Shift Supervisor will provide these forms to the Deputy Chief of Operations; and

4. The Deputy Chief of Operations will call the appropriate community resource and request assistance. In cases where immediate assistance is identified the Shift Supervisor will call the appropriate community resource.

When a need for services is identified, consent obtained, and the patient is transported to a hospital, the crew may notify the receiving hospital of the need also, where appropriate.

Patient Consent/Authorization to Contact Social Services and Provide Referral Information

Authorization to Release Information

By signing below, I hereby authorize Leon County Emergency Medical Services to release the information contained herein for social services referral purposes to 211 Big Bend. I understand that such authorization is voluntary and is not a condition of treatment.

Patient Signature _____ Personal Representative _____

Date: Time:

Name of Person Being Referred

Street Address

City State Postal Code

Contact Number: Referred By: ID#

G Emergency (Notify on duty supervisor) **G Urgent (Leave for the on duty supervisor)**
G Referral Card Given **G Referral Authorization Form Signed**

Please Check Applicable Categories

G Abuse/Neglect
- Q Child Abuse/Neglect
- Q Elder Abuse/Neglect

G Food/Meals
- Q Feeding Sites
- Q Food
- Q Food Stamps

G Individual/Family Support
- Q Adoption
- Q Adult Day Care
- Q Animals/Animal Control
- Q Child Care
- Q Disability Services
- Q Hospice Care
- Q Respite Care

G Mental Health
- Q Anger Management
- Q Baker Act Info
- Q Death and Grief Issues
- Q Depression
- Q Hypochondria
- Q Loneliness
- Q Mental Health Support Group
- Q Stress Management

G Disaster Services
- Q Disaster Info/ Preparation
- Q Flooding Relief
- Q Hurricane Relief

G Housing
- Q Emergency Shelter
- Q Foreclosure
- Q Home Repairs
- Q Rent/Housing

G Legal/Criminal Justice
- Q Child Custody/Support
- Q Court Services
- Q Discrimination/Harassment
- Q Landlord/Tenant
- Q Legal Assistance
- Q Offenders/Ex-Offenders Services
- Q Victim Services

G Personal/Household Needs
- Q Clothing
- Q Furniture/Appliances
- Q Holiday Assistance

G Transportation/Utilities
- Q Utilities Assistance
- Q Utilities Deposit

G Employment
- Q Job Opportunity/Search
- Q Job Training
- Q Unemployment Assistance

G Income Support/Assistance
- Q Public Assistance/TANF
- Q Tax Assistance
- Q WIC

G Medical/Dental Assistance
- Q Clinic Information
- Q Dental Care
- Q Health Support Groups
- Q Medical Financial Assistance
- Q Medicare/Medicaid

G Substance Abuse
- Q Substance Abuse/Addiction
- Q Substance Abuse Support Group

G Suicide
- Q Suicide Information
- Q 1st Party Suicide
- Q 2nd Party Suicide

G Other Information

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DRAFT