

Medical Care Information Provision Consent Form; and Individual Medical Care Provision Plan in the Event of a Disaster

Eligibility: Individuals aged 0-64 residing in Hamamatsu City who are receiving the following medical care at home:

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|------------------------|-----------------------------------|---------------------|
| ①Artificial Respirator | ②Oxygen Therapy | ③Dialysis |
| ④Parenteral Nutrition | ⑤Tracheotomy | ⑥Sputum Suction |
| ⑦Urinary Catheter | ⑧Tube Feeding (nasal and gastric) | ⑨Insulin Injections |

How to Submit

- ①Fill out the forms.
 - ②Photocopy the completed forms and keep them at home for your records.
 - ③Submit the original documents to the Health & Welfare for the Disabled Division, and copies to the **related medical institution(s)**.
- Note: Please confirm with your chosen healthcare provider if they provide safety confirmation services in the event of a natural disaster.

* If you have not chosen a provider, you may leave this section blank.

*Once you have chosen, please inform the Health & Welfare for the Disabled Division.

Use of Provided Information

- ①Your information will be used for the purpose of confirming your safety and coordinating welfare services at shelters in the event of a disaster.
- ②Your information will be shared with institutions that provide care to individuals requiring specific medical support.*
- ③Your information will be used to provide medical care for individuals requiring specific support

* Examples of these institutions include: support and consultation centers for children with special needs, medical institutions, home nursing providers, consultation and support offices, care managers, schools, home oxygen and artificial respirator suppliers, and others.

Important Receiving Emails from the City

To ensure you receive communications from Hamamatsu City (such as safety confirmation messages), please adjust your settings to allow emails

Data Management and Privacy

Your personal information will be securely handled by the Health & Welfare for the Disabled Division and will not be used for any other purpose.

Enquiries

Community Support Group
(*Chiiki Seikatsu Shien Group*)
Health & Welfare for the Disabled Division
Hamamatsu City Hall
Phone number: 457-2864