



**AFFIDAVIT OF CONSENT
STATE OF TEXAS
COUNTY OF ELLIS**

I, _____, reside at _____,
_____, Ellis County, Texas _____.

I hereby authorize the Midlothian Texas Police Department (MPD) to use the information on the Midlothian Police Department Crisis Intervention Unit Fact Sheet (04/02/2021) to assist them in any Medical and/or Mental Health response I may be associated with.

I understand that the information I provide will be safeguarded by the Midlothian Police Department, and only be provided to select members of the MPD Crisis Intervention Unit should the specific need arise. A "Specific Need" may be any police, fire, medical emergency, or unknown emergency that I may be associated with, in or out of Ellis County, Texas.

Further, I give my consent to the Midlothian Police Department to provide this information to other first responders in emergency situations I may be involved.

I understand that the information released is for the specific purpose stated above. Any other use of this information, without the written permission of myself, is prohibited. However, I understand that any discloser of information carries with it the potential for an unauthorized re-discloser and the information may not be protected by federal confidentiality rules.

I understand that I may revoke this authorization at any time by contacting the Midlothian Police Department in writing. I understand that the revocation will not apply to information already released in this response to this authorization.

Doctor/Medical Information

1. List Doctor or Medical Provider Name, Number, and address:

2. List any Doctor Diagnosed Mental Illness:

3. List Date **or** Approx. Date of Diagnosis by Doctor:

4. Medications Prescribed: _____

5. Taking Medications: ()Yes () No

6. Illegal Drugs: ()Yes ()No _____

7. Alcohol Use: ()Yes ()No / If so how often: _____

8. List any triggers that might cause duress: _____

9. Will you submit a current photo for our records so that our officers can quickly identify you during an emergency? () Yes () No

10. Emergency Contact Person: _____ Relationship: _____

11. Emergency Contact Number: _____

I acknowledge that I have read this authorization and fully understand its contents.

Signed: _____

Date: _____

Unless otherwise revoked, this authorization shall expire one year from the issued/signed date.

Witness Signature: _____

Witness Print Name: _____

Date: _____