

Rehoboth Ambulance Committee

PO Box 156
Rehoboth, MA 02769

Confidentiality (HIPAA) Guidelines

Federal law prohibits the unauthorized sharing of patient information. Patient information such as their name, demographic data, medical condition, or any other identifying information is strictly confidential and is NOT to be disclosed, in any form, to anyone except ambulance personnel and others who are authorized under HIPAA to receive such information. Riders are encouraged to treat ALL patient information as confidential and to consult the ambulance crew with any questions regarding HIPAA laws.

Please carefully read and agree to the following statement:

I, _____, will treat all patient identifiable information as strictly confidential. This information includes, but is not limited to, the patient's name, address, telephone number, date of birth, age, social security number, medical condition, treatment received, and past medical history. I will not share, in any form, patient identifiable information with friends, family, or others who are not directly involved with patient care. If, at any time during or after the ride-along, I am asked a question about a patient, I will refer the asking person to the ambulance crew or fire department officers. I understand that if I disclose patient identifiable information, even unintentionally, I may be subject to civil and/or criminal penalties.

Rider's Signature _____ Date _____

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Waiver of Rights

In participating in a ride-along with the Rehoboth Ambulance, the undersigned waives any and all rights that he or she might have to claim damages, compensation, or remuneration in any form from Rehoboth Ambulance, and employees arising from or associated with the ride-along.

These rights specifically pertain to any injuries to the undersigned while he/she is a passenger in any ambulance or other vehicle owned or operated by Rehoboth Ambulance, or to any injuries sustained in the course of responding to a call including while enroute, on scene, or at any facility.

The inherent dangers associated with a ride-along include, but are not limited to, accidents involving the ambulance, negligent or intentional tortuous acts by third party persons, exposure to communicable diseases, and various accidents during the provision of emergency medical treatment. I also understand that I may witness traumatic injuries or events that may leave a lasting impression.

As used herein, the word "injuries" shall include bodily injuries, injuries to personal properties, mental anguish, emotional distress and/or death resulting from any such bodily injuries. All reference herein to the undersigned shall include not only the individual actually signing this document, but also his or her personal representative, heirs, and survivors.

In addition to waiving rights as specified above, the undersigned, by signing this document, represents that he/she has read, understood, and received a copy of this document; that he/she is 18 years of age or older; and that he/she is fully aware of the risks inherent in participating in the ride-along. The undersigned also acknowledges that if any single provision of this Waiver of Rights is declared unenforceable that such declaration has no effect on the enforceability of the remainder of the Waiver. This Waiver of Rights shall become effective upon its signing. If the rider is under the age of 18, then a legal guardian must sign for the rider indicating acknowledgement of this waiver of rights.

Guardian/Rider's Signature _____ Date _____

Witness Signature _____ Date _____