



Talbot County Department of Emergency Services

29041 Corkran Road

Easton, MD 21601

410-820-8311 Fax 410-820-7225

Clay Stamp, Director

Brian LeCates, Deputy Director

Ride Along Program

Waiver and Release Form

Introduction

It is the feeling of the Talbot County Department of Emergency Services (TCDES) to extend the privilege of allowing individuals to accompany our ambulance crews in serving our community by providing emergency medical services to the sick and injured.

The purpose of this program is to provide EMT-B, EMT-I and EMT-P candidates an avenue to fulfill the obligations set forth in their curriculum; also to allow the citizens the opportunity to experience the emergency medical services we provide. We have set the following guidelines, not to discourage, but to protect the integrity and safety of our staff and associates. All riders must read, accept and comply by the following guidelines. If there are any questions regarding definitions of terms or statements please ask staff to clarify them before you affix your signature.

Guidelines

- All riders must be 18 years of age or older, with the following exception:
 - A rider fulfilling obligations for the mandatory community service hours set by the Governor of this state for the successful completion of High School or a participant of the “Shadowing” program or Vocational Technology program in High School. In these cases a formal letter from the student’s guidance counselor must be submitted along with this form and the student’s parent or legal guardian must sign this release in the presence of the chairman of this program for TCDES. In the above section only, the rider can be no less than the age of 16 upon the time of the request. It will be the sole discretion of the Director of TCDES to permit the applicant to ride and this privilege may be suspended and/or revoked at any time.
- All riders should be dressed in the following manner:
 - A uniform shirt/job shirt with a form of identification or rank in view (other company uniforms are acceptable).
 - Blue EMS style pants.
 - Black boots.
 - If a rider does not possess the above stated uniform requirements the following is acceptable:
 - A plain blue or black polo shirt free from any rips or tears (College assigned polo shirts are accepted).
 - A plain blue or black jacket.
 - Blue or black casual pants. Blue jeans are not allowed.
 - Clean black shoes or sneakers.
- All riders should be in proper hygiene, hair combed and body in clean demeanor.
- No persons that have a physical or mental impairment that would endanger the safety or well being of themselves or the staff, including injuries or pregnancy, shall be permitted to ride under any circumstances.
- No rider shall be allowed to ride if the number of personnel on the ambulance exceeds (4) four.
- Any rider shall be subject to removal if a Talbot County employee or associate expresses the desire to ride with the crew and the total number of persons exceeds (4) four. To avoid this problem, any person wishing to ride must fill out the proper paperwork and contact the chairman of this program for TCDES that has been designated to schedule riders. This must be completed prior to the scheduled day of the ride along.

- The chairman of this program for TCDES handling the ride along schedule shall:
 - Maintain an up-to-date schedule that is to be posted in the Captain/Lieutenant office at station 90.
 - Notify the crew members via the message board on the TCDES website that they have a scheduled rider.
- The chairman shall adhere to the following order pertaining to the priority of riders and scheduling:
 - TCDES personnel completing the clearance process to function as a provider for this county.
 - TCDES personnel riding to complete their requirements for EMT-I and EMT-P classes. TCDES personnel have the option to ride at any time during a shift. They are also to wear the appropriate uniform as they would be while working and the shirt can be either their TCDES uniform shirt or their college assigned shirt.
 - Any Talbot County volunteer riding for completion of EMT-B, EMT-I or EMT-P class requirements or clearing process. Volunteers are permitted to ride between the hours of 7am-5pm.
 - All other students riding to complete their requirements for EMT-B, EMT-I and EMT-P classes. All other students are permitted to ride between the hours of 7am-5pm.
 - All other individuals who do not fit into the above stated categories. All other individuals are permitted to ride between the hours of 7am-5pm.
- No rider shall be allowed to possess or carry any weapon or self defense device unless proper training and/or permit is produced, documented and cleared by the Director of TCDES.
- All riders shall conduct themselves in a professional manner at all times and will be subject to all the rules set forth in the Talbot County handbook with no exception.
- All riders are to adhere to the laws regarding patient confidentiality. Any violators will be subject to due prosecution.
- All riders shall read and fully understand the guidelines then sign this Waiver and Release and Confidentiality form attached; including those required to have a parental signature.
 - It is important to understand that any rider at any time, for any reason that the staff feels they are not comfortable, shall be subject to removal and/or rejection into this program without explanation. Included are riders that do not comply with the guidelines set forth in this document.
 - We encourage suggestions and would like to welcome you; we hope that you have an enjoyable experience in our TCDES ride along program.



Talbot County Department of Emergency Services

CONFIDENTIALITY AND DISSEMINATION OF PATIENT INFORMATION AND STAFF MEMBER VERIFICATION POLICY

Given the nature of our work, it is imperative that we maintain the confidentiality of patient information that we receive in the course of our work. **Talbot County Department of Emergency Services (TCDES)** prohibits the release of any patient information to anyone outside the organization unless required for purpose of treatment, payment or healthcare operations and discussions of Protected Health Information (**PHI**) within the organization should be limited. Acceptable uses of **PHI** within the organization include, but are not limited to, exchange of patient information needed for dispatch at the time of the call, treatment of the patient, billing and other essential healthcare operations, peer review, internal audits, and quality assurance activities.

I understand that **TCDES** provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of **TCDES** patients.

I understand that it is necessary in the rendering of **TCDES – Dispatch** services that confidential information includes, but is not limited to, address database information, any computer data, data on diskette, reports, manuals, computer programs, computer printouts, information in any form for this agency or any agency we serve such as fire departments or police agencies which could be perceived as confidential in nature, except when otherwise stated in established policies and procedures. I understand that it necessary in the rendering of **TCDES – EMS** services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by **TCDES** during my entire employment or association with **TCDES**. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Quality Assurance Officer of **TCDES** immediately. In addition, I understand that divulgence of confidential information, referred to in this agreement, to any unauthorized parties shall be deemed sufficient cause for suspension or immediate termination of my employment or association with **TCDES**.

Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidentiality information in my possession. This is not a contract for continued employment.

Name (please print)

Signature

Date

Waiver and Release Form

I, *the undersigned*, hereby request to accompany the Talbot County Department of Emergency Services EMS Division personnel on emergency and routine medical calls for the purpose of expanding my personal and professional interests and abilities. I am fully aware of the potential risks and dangers involved, the possibility of witnessing emotionally medical/traumatic situations and that unexpected dangers may arise during such activities. I assume all risks of injury to my person, both mental and physical, or property that may be sustained in connection with the stated and associated activities.

In consideration that permission be granted to me to ride on the EMS unit, I do hereby, for myself, my heirs, administrators and assigns release, remise and discharge Talbot County, their employees, employer, agents or associates from all claims, demands, action and causes of action of any sort, for injuries sustained by my person, both mental and physical and/or property during my presence on said premises and participation of the stated activities.

I represent myself and certify that my true age is stated below. I certify that my attendance and participation in the above stated activities is voluntary and that I am of sound body and mind. I am not in any way an employee or agent to the Talbot County Department of Emergency Services. I certify that I fully read the waiver and release, confidentiality forms and guidelines. I certify that I fully understand all that has been written as it applies.

_____	_____	_____	_____
Applicant – Printed Name	Signature	Age	Date

_____	_____	_____
Parent/Guardian – Printed Name	Signature	Date

_____	_____	_____
Witness – Printed Name	Signature	Date



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Application for Ride Along Program

Name: _____

Date: _____

Address: _____

Contact Number: _____ Email address: _____

Current level of certification:

- NONE
- EMT-B Provider # _____
- EMT-I Provider # _____
- EMT-P Provider # _____

Reason for riding with TCDES:

- Class EMT-B EMT-I EMT-P
(Circle One)
- Field Clearing Process
- Non-specific; experience wanted
- High school community service/"Shadow Program"