

**COUNTY OF STAFFORD
FIRE AND RESCUE DEPARTMENT**

RIDE-ALONG PROGRAM

Applicants for the Ride-Along Program status must complete the following:

- Ride-Along Program Application
- Ride-Along Program Waiver of Civil Liability
(Requires Notary)

If the Applicant is under 18 years of age, a completed parent or guardian form must be signed. (Requires Notary)

**COUNTY OF STAFFORD
FIRE AND RESCUE DEPARTMENT
RIDE-ALONG PROGRAM**

APPLICATION

This application must be completed by individuals requesting to participate in the Fire and Rescue Department Ride-Along Program. If the applicant is under 18 years of age, a parent or guardian must co-sign this application indicating they have read, understood and agreed with the conditions placed on your participation in this program. If the applicant is under 18 years of age, a waiver (attached) must be executed by the parents or guardian. If the applicant is 18 years of age or older, he/she must sign the waiver attached to this application. No application will be processed unless the "Waiver of Civil Liability and Indemnification Agreement" form has been executed. Once the application has been processed, the applicant will be contacted by telephone prior to the requested ride-along date and informed if the application was approved. All telephone notifications are to be made to the telephone number indicated on weekdays during the hours of 8:00 a.m. to 4:30 p.m. This program is voluntary and conducted in the interest of public enlightenment. The Stafford County Fire and Rescue Department (hereinafter "the Department") reserves the right to limit or exclude any person from participation in this program when it is deemed by the Department, that the person's participation would not be in the best interest of the Department, any of its individual members, or the public, or when might reasonably be construed that a conflict of interest may exist or come to exist between the applicant and the Department or its mission.

Full Name: _____

Home Address: _____

Date of Birth: _____ Social Security #: _____

Home Telephone: _____ Work Telephone: _____

Are you a member of a civic association or business employee? _____

If yes, give name and position in organization: _____

Reason you request to ride: _____

Date you request to ride: _____ Hours of ride: _____

Position requested: _____

Have you previously ridden with this department? Yes ___ No ___ Number of times:

Have you previously been refused participation in this program? Yes ___ No ___

Approximate date of refusal: _____

Reason for refusal: _____

In the event of an emergency, the following person(s) may be contacted:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

I affirm that the information provided in this application is true and correct to the best of my knowledge and belief:

Signature: _____ Date: _____

Signature of parent or guardian: _____

(For persons under age 18)

Telephone: (Home) _____ (Work) _____

IF APPLICANT IS UNDER 18 YEARS OF AGE, THE INFORMATION BELOW IS REQUIRED:

I am the parent or guardian of _____,
who is requesting to participate in the Ride-Along Program of the Stafford Fire and
Rescue Department. I hereby give my permission for
_____ to participate in the Ride-Along Program and
agree to all the terms set forth above.

(Signature of Parent or Guardian)

(Date)

**COMMONWEALTH OF VIRGINIA,
COUNTY OF STAFFORD, to-wit:**

The foregoing Ride-a-Long Program Waiver of Civil Liability was acknowledged before
me this ____ day of _____, 200__, by:

_____.

My commission expires: _____ Reg. #: _____

NOTARY PUBLIC

**THIS WAIVER MUST BE IN THE HANDS OF THE FIRE AND RESCUE DEPARTMENT CHIEF OR HIS
DESIGNEE BEFORE THE ABOVE NAMED PERSON WILL BE ALLOWED TO PARTICPATE IN THE
RIDE-ALONG PROGRAM.**

**COUNTY OF STAFFORD
FIRE AND RESCUE DEPARTMENT**

RIDE-ALONG PROGRAM

WAIVER OF CIVIL LIABILITY & INDEMNIFICATION AGREEMENT

In consideration of the County of Stafford and Stafford County Fire and Rescue Department (hereinafter referred to as "Department") granting me permission to accompany a member of the Department as a participant in the Ride-Along Program, I hereby waive any and all risks and liability for damages, losses, personal injuries or death which I might suffer, sustain or cause while participating in the Ride-Along Program. I further waive any and all claims, demands, actions, damages, or suits of law or equity of whatever nature which I have or may hereafter acquire against the County of Stafford, the Department, and its or their elected officials, officers, agents or employees, as a result of my voluntary participation in the Ride-Along Program; and I hereby hold harmless such persons and entities. In the event that a demand or claim, whether groundless or otherwise, is made against the entities and or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees and costs incurred in defending said demand or claim.

I further agree to comply with all rules and regulations of the Ride-Along Program and any instructions or orders issued by members of the Department in connection with the Ride-Along Program. I certify that I am aware of the potential risk involved in accompanying an employee during the performance of his/her duties.

I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part.

Date: _____

(Signature)

(Print Name)

(Street Address)

(City, State & Zip)

**COMMONWEALTH OF VIRGINIA,
COUNTY OF STAFFORD, to-wit:**

The foregoing Waiver of Civil Liability & Indemnification Agreement was acknowledged before me this _____ day of _____, 200__, by:
_____.

My commission expires: _____ Reg. #: _____

NOTARY PUBLIC

Approved:
_____ Observation Only
_____ Supervised Participation

Training Division or EMS Division Chief

Date

Stafford County Fire and Rescue Department
Student/Guest/Trainee Confidentiality and Non-Disclosure Agreement

I _____ understand that Stafford County Fire and Rescue provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Stafford County Fire and Rescue's patients. I understand that it is necessary, in the rendering of Stafford County Fire and Rescue 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 that all such information is strictly confidential and protected from improper use and disclosure by federal and state laws.

I agree that I will comply with all confidentiality and security policies and procedures set in place by Stafford County Fire and Rescue during my experience as a student/guest/trainee with Stafford County Fire and Rescue. If at any time I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the Privacy Officer of Stafford County Fire and Rescue immediately.

I also understand that I may be exposed to other confidential or proprietary information of Stafford County Fire and Rescue and I agree not to reveal any of that information to anyone at any time.

In addition, I understand that a breach of patient confidentiality may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of Stafford County Fire and Rescue. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. As a general rule, I understand that any patient or confidential information that I see or hear while a student/guest/trainee will stay here at Stafford County Fire and Rescue when I leave.

I have been given an overview of the privacy policies and procedures and have been given access to review those policies. I agree to abide by all policies or my privilege to participate in clinical activities or to otherwise observe Stafford County Fire and Rescue activities will be terminated.

Signature: _____ Date: _____

Name: _____

Stafford County Fire and Rescue

HIPAA Compliance Program

Notice of Privacy Practices

October 2006

Summary

Stafford County understands your privacy is important. Agencies of Stafford County may provide health care services directly to you in one of our community clinics, therapeutic programs, health plan partnerships, or during an emergency medical event. Stafford County is required by law to maintain the privacy of certain confidential health information, known as protected health information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice also describes your legal rights under the Health Insurance Portability and Accountability Act (HIPAA). Stafford County is required to abide by the terms of this notice currently in effect.

Your protected health information includes your identifying demographic information, assessment information, test results, diagnosis information, treatment information, and billing-related information recorded by the provider each time you receive services from us. Our staff, health care providers, and contracted associates are committed to handling this confidential information only as allowed by federal or state law and agency policy, adhering to the most stringent law that protects the privacy of your protected health information. In most situations we may use this information as described in this notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how Stafford County may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by state or federal law. It also describes your rights to access and control your protected health information. Protected health information is verbal, written or electronically recorded information related to your past, present or future physical or mental health or condition and related health care services, including demographics that may identify you.

Uses and Disclosures of Your Information

Stafford County may use your protected health information (PHI) for the purposes of treatment, payment, and health care operations. Although these limited uses do not always require your

Revised: 10/08

permission, in most cases we will require you to sign a consent form. The agency consent form will allow us to use and disclose necessary information about you within the agency and with business associates in order to provide treatment and services, to receive payment for provided treatment and services, and to conduct our day-to-day health care operations. Examples of our use of your PHI include:

For treatment: If you are a client of the Health Department, your Public Health Nurse may share information about you in order to coordinate the different things you may need such as lab work or prescriptions. If you use the services of the Community Services Board (CSB), your primary therapist or case manager may consult with various service providers within the CSB. If you are a patient of the Fire and Rescue Department, your emergency medical provider may share information about your condition with medical control to authorize additional treatment or with other providers when transferring your care. During these treatment examples, and others, health information about you may be shared verbally or in writing.

For payment: This includes any activities we must perform in order to be reimbursed for the services we provide to you. Such payment activities include reviewing your PHI for correct billing information, medical necessity determinations, and claims management. In order to receive payment we may work with a company that will make a bill for your services or directly send your information to companies responsible for payment coverage. If you have identified a financially responsible person for payment purposes, a monthly bill may be sent to that person.

For health care operations: This includes quality assurance activities, accreditation, licensure, and training programs to ensure our staff meet the standards of care required by their profession. Trained staff may handle your health record in order to verify eligibility for services, for filing of documentation, or to assemble your record for the health care provider.

You may be contacted for an appointment reminder or to receive additional services available through Stafford County. Certain data elements are entered into our computer system to create reports required by the Commonwealth of Virginia.

Individuals involved in your care or payment for that care: We may release medical information about you to a family member, other relative, or friend who is involved in your care or payment for the care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care or payment for the care.

Disclosures of your PHI without your authorization

In certain circumstances, agencies of Stafford County are allowed by federal and state law to disclose specific health information about you without your written authorization or your opportunity to verbally object. These circumstances include disclosures for:

Mandated requirements of law (for example, to report children or helpless adults who are victims of abuse, neglect or exploitation; to report injuries from guns and dangerous weapons)

Public health purposes (for example, reporting births, deaths, certain contagious diseases; reporting defects of products regulated by the Food and Drug Administration; workplace medical surveillance)

Health oversight activities of health inspectors and other government people who check our clinics and health services (for example, audits, investigations, inspections, and other activities required of the health care system; eligibility for enrollment in government benefit programs; and compliance with civil rights laws)

Judicial and administrative proceedings (for example, in response to an order from a court, subpoena, legal counsel to the agency, or Inspector General)

Law enforcement purposes (for example, limited information requested about a suspect, fugitive, material witness, or missing person; to provide evidence of criminal conduct on county premises; for emergency health care situations when such care is related to the commission of a crime; or if you are an unconscious victim of a crime and the provider determines a timely disclosure is in your best interest)

Averting a serious threat to health and safety of another person or the public (for example, in response to a specific threat made by a person served to harm another)

Specialized government functions (for example, as directed by military command authorities for national security and intelligence activities)

Correctional facilities (for example, for custodial situations involving the health care of an inmate or the health and safety of others in the correctional facility)

Workers' compensation purposes (for example, to facilitate the administration of benefits as allowed by law)

Coroners and medical examiners (for example, to identify a deceased person or to determine cause of death)

Federal Department of Health and Human Services (for example, in connection with an investigation of Stafford County agencies for compliance with federal regulations.)

Uses and disclosures of your PHI requiring your authorization

We are required to obtain your authorization to use or disclose your protected health information for any reason other than for treatment, services, payment, health care operations, and those specific circumstances outlined previously. For all other disclosures, we will require you to complete a form that specifically states what information will be given to whom, for what

purpose, and is signed by you or your legal representative. You may write to us and ask us to withdraw the signed authorization at any time. We will not be able to cancel any disclosures we made before you took back your authorization.

Your Health Information Rights

When receiving health care services from agencies of Stafford County, you have federally defined privacy rights under the Health Insurance Portability and Accountability Act (45 C.F.R. Parts 160 and 164). Other federal and state privacy laws limit the disclosure of your health information. Such laws include, but are not limited to, Confidentiality of Alcohol and Drug Abuse Patient Records (42 USC 290dd), Health Records Privacy (VA Code 32.1-127.1:03), and Human Rights Regulations (VA Code 35-115).

You have the right to inspect or to request copies of your medical records. This process will be kept confidential. This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You must make this request in writing to the agency contact. If denied access, you will receive a timely, written notice of the decision and reason. A copy of your request and our written reply becomes a part of your record.

You have the right to request amendment of your medical record if you believe information in the record is inaccurate or incomplete. You must make this request in writing to the agency contact. We may deny the request but you will be provided with written explanation of the denial.

You have the right to receive an accounting of Stafford County's disclosures of your protected health information that were not for the purpose of treatment, payment, health care operations, or that were not otherwise authorized by you. You also have the right to be given the names of anyone, other than employees of the agency, who received information about you from Stafford County.

You have the right to request a restriction with regards to the use or disclosure of your protected health information. This request will be considered by the agency and the agency will notify you if they are able to honor the requested restriction and still offer effective services, receive payment and maintain health care operations. Legally we are not required to agree to any restrictions you request, but if we do agree, we are bound by that agreement except under certain emergency circumstances.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Such requests must be made in writing to the agency contact. We will agree to all reasonable requests.

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time upon request.

You may exercise these rights through a written request to the appropriate agency contact person or their supervisor as identified here:

Community Services Board — contact your primary therapist/case manager
Fire and Rescue Department — contact the Cost Recovery Technician
Health Department — contact the clinic office manager

Changes to Privacy Practices

Stafford County reserves the right to change its privacy policy and any of its privacy practices at any time, as allowed by federal and state law and to make the change effective for all protected health information that we maintain.

A revised Notice of Privacy Practices will be posted in our service areas and on our Web site www.co.stafford.va.us . A copy may be requested from the clinic receptionist or the Agency Privacy Officer.

Information and Complaints

If you have any questions, please contact one of our Agency privacy officers. Additional information about HIPAA compliance in Stafford County can be obtained by contacting our HIPAA Compliance Manager. If you believe your HIPAA patient rights have been violated you may file a complaint with the Agency Privacy Officer, the county, or the federal government as identified below. You will not suffer any change in service or retaliation for filing a complaint.

Stafford County Community Services Board
540/ 658-8720

Fire and Rescue Department
540/ 658-7200

Health Department
540/ 659-3101

Office for Civil Rights
Department of Health and Human Services

150 S. Independence Mall West
Suite 372
Philadelphia, PA 19106-3499
215-861-4441, TTY 215-861-4440
1-800-368-1019 (toll free)

www.hhs.gov/ocr/hipaa