



**Baker City Fire Department
1616 2nd Street
Baker City, Oregon 97814**



RIDE-ALONG APPLICATION

Date:

Name:

Last

First

Middle

Address:

City:

State:

Zip:

Driver's license number and state:

Social Security Number:

Requested Ride Date: 1st choice:

2nd choice:

3rd choice:

Gender:

Male

Female

Non-binary

Prefer not to answer

Date of birth (18 and over):

Phone number:

Email:

PLEASE SELECT REASON FOR REQUESTING A RIDE ALONG:

Professional development

Mandatory continuing education

Curriculum requirement

PURPOSE OF RIDE-ALONG: (PLEASE PROVIDE EXPLANATION)

OFFICE USE ONLY

Date application received:

Deputy Chief signature:

Approve Disapprove

If not approved, reason why:

Ride Along Release Received: Yes No

Name of Officer scheduling ride along:

Station Number: Shift: Date:

Time: From To



Baker City Fire Department

1616 2nd Street
Baker City, OR 97814-0650
(541) 523-3711 Phone

Baker City Fire Department Confidentiality and Dissemination of Patient Information and Liability Release

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. The Baker City Fire Department prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care 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 the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that the Baker City Fire Department provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Baker City Fire Department's patients. I understand that it is necessary, in the rendering of the Baker City Fire Department services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, verbal, written or photographic and that 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 the Baker City Fire Department during my entire association with the Baker City Fire Department. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of the Baker City Fire Department immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my association with the Baker City Fire Department. Upon termination of my association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. This is not a contract for or continued employment.

I have read and understand all privacy policies and procedures that have been provided to me by the Baker City Fire Department. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of any association with the Baker City Fire Department. This is not a contract of employment and does not alter the nature of the existing relations between the Baker City Fire Department and myself.

Signature: _____

Date: _____

Name: _____



Baker City Fire Department

1616 2nd Street
Baker City, OR 97814-0650
(541) 523-3711 Phone

Baker City Fire Department Ride Along Release

I agree that while I am not an employee of the Baker City Fire Department, I have requested the privilege of riding along with the Baker City Ambulance. I recognize that while riding with the Baker City Ambulance I will be witness to situations, and conditions that have their confidentiality protected by law, and medical ethics. I have been apprised of the requirements of Health Insurance Portability and Accountability Act (HIPAA), personal and medical confidentiality and agree to keep any information I may come into possession of in the strictest confidence. I further understand that any breach of an individual's health or personal information may lead to personal liability on my part. I recognize that while riding with the Baker City Fire Department I could be exposed to the risks associated with normal operations of an emergency medical provider/transporter including but not limited to: infection, disease, accidental death and dismemberment, etc. I agree to hold harmless the City of Baker City, employees and elected officials, the Baker City Fire Department, and its officers and employees harmless from any damages to me or my belongings resulting from my ride-along experience with the Baker City Fire Department.

Signature: _____

Date: _____

Name: _____