

Salt Lake City Fire Department
ASSUMPTION OF RISK AND HIPAA TRAINING
ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

THIS FORM MUST BE READ UNDERSTOOD AND SIGNED BEFORE PARTICIPTION IN THE RIDE ALONG PROGRAM

Description of Activity: Ride Along, Fire/Meical Participation and/or Observation (hereinafter "Observation, Training, and Services Program")

Location: Salt Lake City Fire Station_____ Unit Designation_____ Platoon_____

Date: _____ Duration: From_____ To_____

I _____, certify that (i) I am sixteen years of age with written parental approval (attached) or (ii) I am eighteen years of age or older; (iii) I desire to participate in the Observation, Training, and Services Program with the Salt Lake City Fire Department, (iv), I understand this document must be signed by me in order for me to participate in such training.

- A. Acknowledgement of HIPAA Training and Agreement to Maintain Confidentiality. I understand the HIPAA training that I received today and will not disclose information, except as required by law, to anyone for any reason, regarding any patient or patient care provided that may personally identify the patient. I understand that there are fines and penalties associated with inappropriate disclosure of personally identifying Information, and that I could be prosecuted to the fullest extent of the law.

- B. Assumption of Risk – I certify that I am in good health and physical condition and I understand the risks and demands I may encounter while participating in the Observation, Training, and Services Program with the Salt Lake City Fire Department.

I understand that participation in the Observation, Training, and Services Program is inherently dangerous, including but not limited to strenuous physical exertion, environmental extremes, smoke exposure, and emergency equipment operation and exposure. I have investigated and understand the demand, nature, and risks involved in this opportunity and I understand my participation could result in my illness, personal injury, property damage, or death.

****READ THIS DOCUMENT CAREFULLY BEFORE SIGNING**

Signature of Participant

Employer/Sponsor/Guardian (if applicable)

Printed Name

Date

The above named person has been granted permission and has been approved to participate in the Salt Lake City Fire Department Observation, Training, and Service Program. This person has also received HIPAA training as it pertains to individuals observing and/or participating in patient care.

Division/Title Authorizing Participation

Date

Officer Granting Permission

Printed Name of Officer