



## Pullman Fire Department

620 S Grand Ave., Pullman, WA 99163 (509) 332 8172

### **Citizen Ride-Along Program Application Packet - Introduction Letter**

*We Welcome and Encourage Community Involvement*

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Are you interested in a career as a firefighter but unsure of what the job entails? Maybe you are just interested in learning what a day in the life of a firefighter is like, and how your local fire department operates. Well, now you can find out by applying for the Pullman Fire Department's Citizen Ride-Along Program.

The Pullman Fire Department is pleased to offer a Ride-Along Program to allow citizens, firefighters/paramedics from other agencies, and area students the opportunity to observe the daily operations of the Department as they respond to real emergencies.

The program is designed to increase awareness and enhance the transparency of the Pullman Fire Department's operations through direct contact with EMS and fire suppression personnel, their work at the scene, and the station. We aim to provide you with an educational, interesting, fun experience, and a better understanding of the duties and responsibilities of today's firefighters/EMS. We sincerely hope that by offering such a program, we may improve the state of understanding that exists between our staff members and the public.

For obvious reasons, there are inherent risks involved in participating in a ride-along. We sometimes find ourselves in difficult, if not dangerous situations, however, your safety as well as all others involved is the priority. All participants are required to fully read, understand, and agree to the instructions and waivers in this packet. With the appropriate safeguards, non-EMS personnel can ride safely and gain a good perspective on fire/EMS operations and the types of services the Pullman Fire Department provides. It will be the responsibility of the on-duty Officer, or his/her designee to ensure your safety.

Those interested in participating in the program must submit the Ride-Along Program Application Packet in person to the Pullman Fire Department at 620 S Grand Ave., Pullman, WA 99163. Participants must be at least 16 years old. If the participant is between the ages of 16 and 18, a parent or guardian signature is required.

After the required forms have been received, the Fire Department Administrative staff will review the documents to ensure completion and the reason for the ride-along request. Citizen participation shall be at the discretion of the Assistant Fire Chief of Operations, or his/her designee. The Assistant Fire Chief of Operations or his/her designee, will approve each participant and assign him/her to ride at the Department's convenience. You will be contacted to set up a date and time for your ride-along.

Thank you for your interest in the Pullman Fire Department Ride-Along Program. If you need assistance completing the packet or have additional questions about the program, please contact our Administration Office, Monday-Friday between the hours of 8:00 AM and 4:30 PM at (509) 338-3270.

Sincerely, Pullman Fire Department



## Pullman Fire Department

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### **Citizen Ride-Along Program Application Packet - How to Apply**

*We Welcome and Encourage Community Involvement*

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## Complete the Following Steps Below to Apply for the Ride-Along Program

- Step 1:** An application packet can be requested in person at the Pullman Fire Department Administrative office, or by emailing [christen.lockler@pullman-wa.gov](mailto:christen.lockler@pullman-wa.gov) or online at <https://www.pullman-wa.gov>.
- Step 2:** Print the ride-along packet which includes—
- Introduction Letter
  - How to Apply Instructions
  - Ride-along Application
  - Criminal History Release of Information
  - General Rules and Information, requirements, and participant responsibilities
  - Assumption of risk, indemnity and hold harmless agreement
  - HIPAA Acknowledgement of confidentiality and non-disclosure agreement
- Step 3:** Complete, sign and submit both the ride-along application and criminal history release of information form. A clear background check is required to move forward in this process.
- Step 4:** Read, review and fully understand remaining documents.
- Step 5:** The applicant will be asked if they have read and fully understand the language in each of the remaining documents listed below. The signing of each document will occur at the time of packet submission, in the presence of a Pullman Fire Department Administrative staff member.
- Acknowledgement of ride-along program general rules and information, requirements and participant responsibilities
  - HIPAA Acknowledgment of confidentiality and non-disclosure agreement
  - Acknowledgement of assumption of risk, indemnity and hold harmless agreement
- Step 6:** Bring your state issued drivers license, ID card or US Issued Passport for identification purposes.



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**Citizen Ride-Along Program  
Application Packet - Application**

All persons applying to participate in the Pullman Fire Department Ride-Along Program must complete all documents in their entirety. Any missing required information or signature is considered incomplete and will be denied.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  X

Last Four of Soc Sec #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Organization(s) Represented: \_\_\_\_\_

Station/Shift Preference: (not guaranteed)  Station 1  Station 2 Shift:  A  B  C  D

Purpose of the Ride Along request: \_\_\_\_\_

Are you currently a candidate for employment with Pullman Fire Department?  Yes  No

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Applicant's must be at least 16 years old to apply. If under 18 years of age, parental/guardian consent needed\****

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*\* For Fire Department Use Only \*\*\****

APPROVED  DENIED  Date: \_\_\_\_\_ Case #: \_\_\_\_\_ Spillman Name \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

Checks Completed: DOL  III  Wants  Spillman Involvements  Findings: \_\_\_\_\_



Pullman Fire Department  
620 S Grand Ave., Pullman, WA 99163 (509) 332 8172

**Citizen Ride-Along Program**  
**Application Packet - Criminal History Release of Information**

The Pullman Fire Department requires a background check on any person who desires to ride as a rider/observer on a medic unit or fire apparatus. If you refuse this background check, you will be unable to ride on any medic units or fire apparatus. Please complete all information requested below.

Name: \_\_\_\_\_

Last

First

Middle

All other names ever used (e.g., maiden name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender:  Male  Female  X

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Race (check one):  White  African American  Asian  American Indian  Unknown/Other

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you subject to a court order restraining you from harassing, stalking, or threatening anyone?  Yes  No

If yes, explain: \_\_\_\_\_

Are you under indictment or do you have any charges pending in court for any crime?  Yes  No

If yes, please list charges and location: \_\_\_\_\_

Have you ever been charged or convicted of a criminal offense?  Yes  No

If yes, please list offense, date and location: \_\_\_\_\_

*In making this request, I hereby give consent and authorize the Pullman Fire Department to conduct a criminal background check in connection with my application for the Ride-Along Program with the Pullman Fire Department. The investigation may include information from police and/or court records, results of previous background investigations as well as information related to substance abuse and mental health issues. I further waive all rights to inspection or review of any information compiled pursuant to my application request to the Ride-Along Program.*

*I fully understand all information gained from such investigation is confidential and will be released only to authorized persons employed by the Pullman Fire Department. I agree to give any further information which may be required and hereby certify that there are no willful misrepresentation, omissions, or falsifications in any of the applications and/or documents furnished for the Ride-Along Program. I am aware that should an investigation disclose any willful misrepresentation, omissions, or falsifications my application will be rejected and the request terminated.*

*I hereby release the City of Pullman and the Pullman Fire Department, or any of its agents or representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and information for the investigation made by the City of Pullman and the Pullman Fire Department.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Pullman Fire Department

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### Citizen Ride-Along Program

#### Application Packet - General Rules & Information, Requirements, & Participant Responsibilities

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#### ***Ride-Along Program participant is required to:***

- Be at least 16 years old and provide signed consent from a parent/guardian. (If under the age of 18, the parent/guardian must complete and sign the application packet forms on behalf of the minor child)
- Complete a Pullman Fire Department Ride-Along Application
- Complete and submit the Criminal History Release of Information form  
***(Any applicant who is a citizen of the United States or living within the United States on a temporary visa who is the subject of an active criminal investigation or prosecution, has been convicted of a felony, or subject to a court-ordered restraining order for harassing, stalking, or threatening an individual shall not be permitted to participate in the program. By signing this document, I hereby attest that any and all of my personal criminal history has been submitted and disclosed as set forth in these stated participant rules)***
- Read and sign the Acknowledgement of Ride-Along Program General Rules & Information, Requirements & Participation Responsibilities **(Sign in the presence of Pullman Fire Department Administrative Staff)**
- Read and sign the HIPAA Acknowledgement of Confidentiality and Non-Disclosure Agreement **(Sign in the presence of Pullman Fire Department Administrative Staff)**
- Read and sign the Acknowledgement of Assumption of Risk, Indemnity and Hold Harmless Agreement **(Sign in the presence of Pullman Fire Department Administrative Staff)**
- Must provide a copy of your State Issued Driver's License or Identification Card
- Must be a Citizen of the United States of America, or possess a U.S. issued Visa
- Must be able to speak clearly and fully understand the English language
- Must be physically capable of taking care of themselves without assistance of Fire Department Personnel

#### ***Incomplete application packets will be rejected:***

- Because of the high demand, scheduling complexities, and review and authorization processes, the Pullman Fire Department ("Department") requires submission of the completed Ride-Along Packet a minimum of ten (10) business days prior to the Ride-Along participation request date.
- The Department has set the following rules and guidelines, not to discourage, but to protect the integrity and safety of our staff and associates. All participants in the program must read, accept and comply with the following guidelines. If there are any questions regarding definitions of terms or statements, please ask staff for clarification before you affix your signature.
- The applicant must understand that the Department reserves the right to decline any application at any time for any reason.

## ***Guidelines for your Ride-Along Attire:***

1. All participants are expected to present a professional, business-like image at all times.
2. Participants must wear neat, clean, and appropriate clothing.
3. Hair should be clean, combed, and neatly trimmed or arranged. Shaggy, unkempt hair is not permissible. Hair longer than shoulder length must be pulled back and secured; pigtails are not permissible.
4. Colognes, perfumes, scented lotions, or other scented beauty or hygiene products should be used sparingly, if at all. Scented products can aggravate asthma, allergies, and other health conditions.

### **- Examples of Acceptable Clothing:**

Dark-colored jeans or slacks

Solid color shirt, jacket, sweatshirt

Closed-toed shoes; work boots, tennis shoes, or sneakers if clean and in good repair

Weather appropriate clothing such as raincoats or cold weather thermal ware should be conservative

### **- Examples of Unacceptable Clothing:**

Shorts and tank tops

Sweat suits or jogging suit

No skirts, dresses, or midriff shirts allowed

Clothing that is torn or soiled

Display offensive language or symbols

No open-toed shoes or high heels

Dangling or excessive jewelry

## ***General rules of conduct, requirements and information:***

1. Private citizens are allowed two (2) observational ride-along experiences per year. Exceptions will be made for members associated with Public Safety Service (fire, EMS, law enforcement), Military Branches (honorably discharged within the past 12 months), and students from an approved program. Examples include, but are not limited to, programs for High School, Technical School, College, EMS classes, or accredited occupational training programs that require the student to complete specified hours of Ride-Along time for certification completion.
2. Residency in the city limits of Pullman is not required to participate in the Ride-Along Program.
3. Participants may be included in the Department report as a witness. This could result in the Participant being subpoenaed to court to testify as a witness. The Department WILL NOT compensate Participants for any court appearances.
4. Participants are permitted in the day room, kitchen, apparatus bay, and restrooms only. Offices and Resident Quarters are off-limits unless accompanied by an officer.
5. Under NO circumstances shall Participants stay overnight at either Fire station.
6. The Department is not responsible for lost or stolen items. There are no facilities to lock or secure valuables. It is recommended that participants not bring valuables.
7. It is the responsibility of participants to bring their own meals, snacks, and beverages; microwaves and refrigerators are available. We invite you to bring a pre-prepared meal and a beverage if you'd like.
8. Participants must be on time and at the station for their scheduled Ride-Along time. If you anticipate being late or need to cancel your scheduled ride time, please contact the on-duty Officer as soon as possible at (509)-338- 3275. Please leave a message if there is no answer.

## ***General rules of conduct, requirements and information: (cont'd)***

9. Participants are NOT permitted to use any Department computers, networks, or other Department equipment.
10. Aggressive and/or abusive behavior and vulgar language will not be tolerated
11. The participant is strictly an observer and will not become involved in any part of the incident investigation nor discuss any matter with either a victim, witness, or suspect.
12. Participants will explicitly follow directives from Department officers at all times and are expected to be have in a respectful, courteous manner. If participant fails to follow and officer's directions, the participant will be returned to the station and the remainder of the Ride-Along will be terminated.
13. Participants are encouraged to ask questions, but we ask that you please do so at the appropriate times.
14. Participants are required to conduct themselves in a manner that will not interfere with the Departments Operations.

***Disclaimer: Pullman Fire Department has the authority to approve or deny any request/or participation in this program, or alter such request in the best interests of the Department, and has the authority to revoke an authorization at any time if a Participant's conduct is not in the best interests of the Department.***

### ***Health & Safety:***

1. The Ride-Along participant is responsible for determining whether they are physically and psychologically healthy enough for a Ride-Along. If on the day of the scheduled ride the Participant is impaired due to illness or injury, including cold, flu, respiratory infection, COVID-19 exposure or positive test, or on medication to treat said impairments, the Ride-Along will be postponed.
2. Participants shall carry a valid Driver's license or identification with them during the ride-along at all times.
3. No persons with a physical or mental impairment that would endanger safety or well-being of themselves or Department staff, including injuries & pregnancy, shall be permitted to participate in program under any circumstances.
4. No more than one Ride-Along observer is permitted to participate on the same day at the same station.
5. Participants will be given an observer safety vest to be worn whenever the apparatus is out of the station.
6. Absolutely no weapons of any kind can be carried on your person during the Ride-Along, including but not limited to mace or chemical agents, knives of any size, tasers, or firearms.
7. Participants shall not smell of, possess, or consume alcoholic beverages or drugs before or during the Ride-Along. Participants are not permitted to ride if they appear to be under the influence of drugs or alcohol.
8. Smoking and/or vaping of any kind is not allowed in or around Department facilities or in any Department vehicle.
9. Participants may only observe operations/activities from a safe location. Under no circumstances will Participants be permitted to enter a building that is or has been on fire until the Incident Commander has declared the fire under control, all smoke has been cleared from the building, and the building has been determined to be safe for entry by non-operational personnel. Fire Department personnel shall directly supervise such entry.
10. No Participant is allowed to engage in, or participate in, tactical operations at the emergency scene.
11. Participants will be encouraged to remove themselves from any situation where they are uncomfortable with the graphic or hazardous nature of a scene.
12. For security and safety reasons, Participants will not handle/operate any fire or EMS equipment.
13. Participants shall not operate any City of Pullman Fire Department vehicles during their Ride-Along.
14. Participants must stay in the engine or ambulance unless otherwise directed by a Department officer.
15. Participants must always wear a seat belt while the apparatus is moving as per State of Washington Laws.
16. In the case of a potentially dangerous or hazardous call, participants may be dropped off at a safe location. If this occurs, Department personnel will give the Participant specific instructions and arrange transportation.

**HIPAA Patient Privacy:**

**HIPAA Health Insurance Portability and Accountability Act**

- 1. At no time will participants be permitted to take photos or use any recording devices while on emergency scenes. This includes, but is not limited to cell phones, digital cameras, video cameras, digital voice recorders, or any other audiovisual recording device. An exception may be made for accredited media representatives who have made the necessary arrangements through the Fire Chief or his/her designee.
- 2. Participants may not take, copy, or transmit response documents with individually identifiable information such as name, address, Social Security number, photograph, medical history, or other information from which identity can be inferred.
- 3. A patient or member of the public who is receiving services has the absolute right to refuse to allow Participants to observe any procedures performed by Paramedics or other members of the Department. If a patient does not consent to the Participant's observation, the Participant will not be allowed to witness any procedures and will need to wait in a location as directed by the apparatus officer, or his/her designee.
- 4. All Participants will treat PHI (Private Health Information) as strictly confidential. Participants are allowed to carry cell phones but they must be set to silent mode during the Ride-Along. Cell phone use is strictly prohibited while in the presence of a patient or while on the scene of any incident or emergency.
- 5. Participants are not permitted to post to any social media accounts or pages while involved in the Ride-Along, for their own safety and the safety of the crew to whom they are assigned.

***You, as the Participant, are responding as a representative of the Pullman Fire Department and will be expected to act in a professional manner. Reflecting a positive image on the Fire Department, you will be polite, tactful, and have a good attitude.***

***By signing below, I attest that I have read and understand all requirements and procedures detailed in this packet. I further understand that failure to abide by all requirements and/or orders communicated to me, including those in this packet, will result in immediate termination of the Ride-Along at the sole discretion of the Fire Department Officer, or his/her designee, and can prohibit me from being considered for any Ride-Along in the future.***

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<b><i>Applicant Signature</i></b>	<b><i>Date</i></b>	<b><i>Printed Name</i></b>
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<b><i>Parent/Guardian Signature (If Minor)</i></b>	<b><i>Date</i></b>	<b><i>Printed Name</i></b>
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## Pullman Fire Department

620 S Grand Ave., Pullman, WA 99163 (509) 332 8172

### Citizen Ride-Along Program

#### Assumption of Risk, Indemnity Agreement, Hold Harmless Agreement

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I, \_\_\_\_\_ have requested that the Pullman Fire Department allow me access to Fire Department facilities, and ride with Fire Department personnel on emergency equipment as part of the Pullman Fire Department's Ride-Along Program.

Being of lawful age, and being either a citizen of the United States; or possessing a current U.S. issued Visa, for and in consideration of being permitted to ride with and/or observe the Pullman Fire Department, I am fully aware of and do hereby assume the inherent risks associated with my participation in the Ride-Along Program. This includes, but is not limited to, bodily injury, physical disability, physical and mental diseases, death, property damage and other loss, cost and expense resulting from the risks of motor vehicle accidents, exposure to infectious/contagious diseases, accompanying fire and EMS personnel into a high crime situation, and the general uncertainty surrounding the provision of emergency services.

In agreeing to assume the risk, I also understand the vehicle I am riding in is an emergency vehicle that may be responding to an emergency along public or private streets and highways; that in doing so the emergency vehicle under the control of a Pullman Fire Department City employee may take such action in operating the vehicle to respond to an emergency; and that upon arriving at the scene of an emergency, personnel and equipment may encounter hazardous conditions.

I also attest that I am; physically, emotionally, and psychologically fit and prepared for this activity, which I am voluntarily undertaking at my own risk. I understand that the City of Pullman will not provide insurance or benefit coverage of any kind. Understanding these risks, and in consideration of Pullman Fire Department allowing me to participate, I have decided to participate in the Ride-Along Program and assume full responsibility for such risks.

And I, for myself, my heirs, my legal personal representatives, successors and assigns, do hereby release, waive, discharge, hold harmless on account of any claim, suit, or action made or brought against the Pullman Fire Department, its officials, employees or agents, (collectively the "Released Parties"); responsible for any injuries, disabilities, physical and mental diseases, death, property damage, the malfunction of any equipment used during the observation ride, whether caused or alleged to be caused in whole or in part by the negligence of the "Released Parties" of the Pullman Fire Department or its employees acting within the scope of their employment, or losses and expenses of any nature whatsoever that I may sustain as a result of my participation in the Ride-Along Program. This includes the cost of defending such claims which may accrue against, be charged to, or recovered from or sought to be recovered from the Pullman Fire Department, its officials, employees or agents, as a result of my participation in the Ride-Along Program. I agree to indemnify and save and hold harmless the "Released Parties" and each of them from any litigation expenses, attorneys' fees, loss, expert witness fees, costs of defense, liability, damage, or expenses they may incur due to the claim made against any of the "Released Parties," whether the claim is based on the sole negligence of the "Released Parties" or otherwise.



Pullman Fire Department  
620 S Grand Ave., Pullman, WA 99163 (509) 332 8172

**Citizen Ride-Along Program**

**Assumption of Risk, Indemnity Agreement, Hold Harmless Agreement**

I have fully informed myself of the contents of this Assumption of Risk, Indemnity Agreement, and Hold Harmless Agreement by reading it before signing it. I have had the opportunity to ask any and all questions regarding this Assumption of Risk, Indemnity Agreement, and Hold Harmless Agreement and its effect, as well as the opportunity to consult with private legal counsel. I understand the terms herein are contractual and not a mere recital and that I have signed this document as my own free act and agree to be bound by its terms.

\_\_\_\_\_  
***Applicant Signature***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Printed Name***

**\*\*\*\*IF UNDER 18 YEARS OF AGE, PARENT/GUARDIAN MUST COMPLETE BELOW\*\*\*\***

In consideration of my minor child/ward (hereinafter referred to as "child") being allowed to participate in the Pullman Fire Department Ride-Along Program, I as the parent or legal guardian of a participant under 18 years of age, recognize and acknowledge that there are certain risks of injury and loss associated therewith. I agree to waive and relinquish all claims on behalf of my child that the child may have against the Pullman Fire Department, its, officials, employees, and agents as a result of the child's participation in the activity.

I attest that my child is; physically, emotionally, and psychologically fit and prepared for this activity, which I am voluntarily allowing my child to take at my own risk, and I understand that the Pullman Fire Department will not provide insurance or benefit coverage of any kind for injury, death, illness, or loss that may result during or because of my child's participation in the Ride-Along Program.

As parent/legal guardian of \_\_\_\_\_, I hereby state that I have carefully read and fully understand that this is an agreement for my child to assume all risks and to release the Pullman Fire Department from all liability resulting from my child's participation in the Ride-Along Program. I have carefully explained the release, its significance, and the assumption of risk to my minor child. By signing below, I hereby give my child permission to participate in the program and agree to be bound to the terms and conditions outlined herein.

\_\_\_\_\_  
***Full name of minor Child***

\_\_\_\_\_  
***DOB***

\_\_\_\_\_  
***Relationship***

\_\_\_\_\_  
***Parent/Guardian Signature***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Printed Name***



## Pullman Fire Department

620 S Grand Ave., Pullman, WA 99163 (509) 332 8172

### Citizen Ride-Along Program

#### HIPAA Confidentiality Acknowledgement and Non-Disclosure Agreement

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As a participant in the Pullman Fire Department Ride-Along Program, you must be aware of protected health information (PHI) that is confidential in nature. Disclosure of PHI is protected under the Federal Health Insurance Portability and Accountability Act of 1996 (HIP AA). Prior to participating in a ride-along, every participant who may come into contact with private, health-related information will be required to read, understand and sign the Health Insurance Portability and Accountability Act (HIP AA) Acknowledgement of Confidentiality and Non-Disclosure Agreement.

1. I acknowledge that patients provide and the Pullman Fire Department collects, personal, and confidential information verbally, in writing, and through digital means. I understand and agree that any information pertaining to patients is strictly confidential and protected by federal and state laws and that I will not use or disclose patient information in any way unless the Pullman Fire Department explicitly authorizes me to do so.
2. 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.
3. I agree that I will comply with all HIPAA policies and procedures in place at Pullman Fire Department during my experience as a guest observer with Pullman Fire Department. If I, at any time, knowingly or inadvertently breach these patient confidentiality policies, I agree to notify the Assistant Fire Chief of Operations, or his/her designee of the Pullman Fire Department immediately. In addition, I understand and acknowledge that a breach of patient confidentiality may result in the termination of my privileges to ride with the Pullman Fire Department. It may also include the recommendation by the Department for disciplinary action by my sponsoring agency, if applicable.
4. Furthermore, I understand that potential civil penalties for unauthorized disclosure of PHI are \$10,000 for each violation, up to a maximum of \$25,000 per year for all violations. Criminal penalties can include one to 10 years of prison with financial penalties ranging from \$50,000 to \$250,000 for violations knowingly committed under false pretenses or with the intent to use PHI for malicious harm, personal gain, or commercial advantage.

***I, the undersigned Participant, hereby state that I have read and understand the HIPAA policies and procedures and have been given access to review those policies and I agree to abide by them. I further acknowledge that my failure to abide by said policies will result in the immediate termination of my participation in the Program and may result in a denial of all future requests to participate in the Program, as well as the civil and criminal charges I may face if I breach confidentiality of any patient identity or other patient information.***

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***Participant Signature***

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***Date***

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***Participant Printed Name***

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