



Monterey County Regional Fire District
19900 Portola Drive
Salinas, California 93908
(831) 455-1828 FAX (831) 455-0646

Ride Along Program Request

To participate in MCRFD Ride Along Program, you must be at least 16 years of age. Minors must have a release form signed by parent/guardian and must be in good health. Participant must dress neatly and conservatively. No firearms, cameras or recording devices will be allowed. Alcoholic beverages and/or drug use is prohibited. A Liability Waiver must be signed prior to participating in this program.

General Information

Date Requested: _____ Times: _____(am/pm) to _____(am/pm)
Age of Participant: _____ Parent/Guardian Signature: _____
(if minor)

Personal Information

Full Name (Last, First, Initial): _____
Residence: _____
Mailing address (if different than above): _____
Home Phone: (_____) _____ Work Phone: (_____) _____

Employment/School

Name: _____
Address: _____

Emergency Contacts

Name: _____ Phone: _____
Name: _____ Phone: _____

For Office Use Only

Reviewing Chief Officer: _____ Date Application was submitted: _____
Station/Shift: _____ Co. Officer: _____ Yes, request granted No, request denied
 Notified Company Officer of Scheduled Ride Along Chief Officer's Signature: _____



Have you ever wondered what it would be like to be a firefighter? Are you interested in learning more about how a fire agency operates? Are you considering a career in the fire service?

If you have ever asked yourself any of these questions, The Monterey County Regional Fire District Ride- Along Program may be for you.

WHAT IS THE RIDE-ALONG PROGRAM?

The Monterey County Regional Fire District has made it possible for residents to have an exciting, firsthand experience on what it is like to be a firefighter. The program allows interested persons the chance to learn how MCRFD operates. Participants spend the day at a fire station, respond to emergency calls on the fire apparatus or ambulance, and accompany firefighters in their daily activities.

HOW DOES THE RIDE-ALONG PROGRAM WORK?

A Ride-Along Participant Application form and a Release of Liability form must be completed and signed and submit the completed forms to the administration building. You will be notified if your request has been approved or denied.

For participants under the age of 18, Ride-Along program hours shall be limited to 0800 – 2000 Hrs. Ride-Along participants 18 years of age and older are permitted to stay overnight at the fire station. Appropriate dress is required (long pants, navy blue shirt, and close toe shoes. No graphics, writing or artwork is allowed on clothing, except small brand logo), and participants should bring money for meals and snacks. In addition, participants should bring a good attitude, lots of questions, and be ready for a unique experience.

Participants will be given the opportunity to provide an evaluation of their experience. Additionally, an evaluation of the participant will be provided at the conclusion of the ride-along.

GENERAL GUIDELINES

The following are general guidelines, although some exceptions may be granted at a chief officer's discretion:

- The program allows interested citizens, media, EMT students, and prospective hires to Ride-Along as observers with MCRFD personnel for legitimate civic, educational, and employment reasons.
- Participants must be at least 18 years old (16 with parent/guardian consent).

RULES OF CONDUCT

All participants are required to sign a release of liability waiver.

A criminal record may be cause for a ride-along application to be denied.

A participant will be briefed on rules and expectations by the company officer of the station where participant will be doing the ride- along.

Due to Constitutional "right to privacy" and HIPAA laws, a participant will not be allowed to electronically record any responding emergency calls.

Firefighters have an inherently dangerous job, and the safety of the ride-along participant is paramount. If the company officer feels the situation at hand is not conducive to the safety of the participant, he/she may be asked to stay in the vehicle, or arrangements made to have the participant transported from the scene by another member of the Department. While Department members will look out for the participant's safety, the ultimate responsibility for staying safe lies with the participant.

CONTACT INFORMATION

For an application, visit the Monterey County Regional Fire District's Administration Building located at 19900 Portola Drive, Salinas, CA. Ride-Alongs will be scheduled as far in advance as possible with a minimum of 96 hours (4 days) between scheduling and the actual Ride-Along to facilitate processing of paperwork, Chief Officer approval, and company/station preparation.



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***Health Insurance Portability and Accountability Act (HIPAA)
Compliance Agreement***

I, _____, have been fully advised and informed about the business and privacy practices in affect at the Monterey County Regional Fire District as a result of the Health Insurance Portability and Accountability Act (HIPAA). And, in compliance with this Act, I do hereby agree and pledge to ***keep all protected information pertaining to all patients confidential.***

I understand that I am responsible for ensuring the security and confidentiality of patient health information created, obtained and/or maintained by the Monterey County Regional Fire District.

I have reviewed, understand and agree to abide by the attached Notice of Privacy Practices.

I understand that non-compliance will be cause for removal from the Ride-Along Program at the Monterey County Regional Fire District and possible legal actions for violations of applicable regulations and laws.

I agree to promptly report all violations or suspected violations of any of the above policies to the Monterey County Regional Fire District Company Officer.

Print Name

Applicants Signature

Date

Parent/Guardian's Signature (if minor)

Date

Monterey County Regional Fire District

Date



DECLARATION OF ASSUMPTION OF RISK AND RELEASE OF LIABILITY
(Read this document in full before signing)

I, _____, the undersigned, declare the following:

I am _____ years of age, and not a member of the Monterey County Regional Fire District. I have made a voluntary request to participate in the Ride-Along Program of the Fire District. During this time, I understand I will accompany any member of the Fire District to whom I may be assigned during the performance of his/her official duties. These duties may include riding with said officer in a Fire District vehicle and being present at the scene of a fire or other emergency.

I understand the Fire District will allow me to participate in the Ride-Along Program only upon my agreement of the following conditions: that I assume the risks involved in said participation and that I release and hold harmless the Monterey County Regional Fire District, its officers, agents, and employees from all liability.

I understand the duties of the members of the Fire District are inherently dangerous. I also understand I may be subjected to the risk of death or personal injury or of damage to my property during my participation in the Ride-Along Program. I further understand said risks may arise from but may not be limited to the following: civil disturbances; explosions; electrocution, the escape of radioactive substances; the effects of wind, rain, fire, and gas; vehicular collision; and air or blood-borne pathogens. I freely and voluntarily assume all of said inherent risks, whether or not they are listed herein. In consideration of my being permitted to participate in the Ride-Along Program, I agree to be bound by all orders, rules, and regulations of the Monterey County Regional Fire District, and to promptly obey all instruction of any Fire District officer to whom I am assigned.

I hereby release the Monterey County Regional Fire District, its officers, agents, and employees from any and all liabilities arising out of my participation in the Ride-Along Program. I have read and understand the contents of this document and sign the same of my own free will. I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, in Monterey County, California.

(Signature of Applicant Declarant)

(Signature of parent or guardian if minor)



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Evaluation of Ride Along Participant

Ride Along Participant Name: _____

Date of Ride Along: _____

Engine Company: _____

Check all that apply.

- Participated as an interested citizen wanting to observe the function and duties of a firefighter or Paramedic.
- Interested in a career in firefighting.
- Participated as a result for EMT/Paramedic Certification
- Member of another fire department.

Yes No

- Responsive to program.
- Cooperative.
- Interfered with duties of the firefighter or Paramedic.
- Neatly dressed.
- Participant should be allowed to ride in the future.

Additional Remarks: _____

Company Officer:

Date:



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Participant Evaluation of the Ride Along Program

Participant Information:

Name: _____	Age: _____
Address: _____	Phone: _____
Date of Ride Along: _____	Engine Company: _____

I was given the opportunity to ride along with an engine company at MCRFD. The following is my evaluation and comments of the program:

Signature

Date

Note:

Please return this evaluation form to:

Monterey County Regional
 Fire District 19900 Portola
 Drive
 Salinas, California 93908
 (831) 455-1828 FAX (831) 455-0646

Directory: Unless you notify us that you object, we will use your name, general condition, and location of the response to provide information to persons who may ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. We may leave a message on your answering machine or on voicemail as a means of communication. We may mail you a postcard or written notice as a means of communication. We may email you or our transcriptionist as a means of communication.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Law Enforcement/Funeral Directors: We may disclose health information to Law Enforcement or funeral directors consistent with applicable law to carry out their duties or as required by law in response to a valid subpoena.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and Transplant.

Fundraising: We may contact you as part of a fundraising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Federal Law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering.

MONTEREY COUNTY REGIONAL FIRE PROTECTION DISTRICT

Notice of Privacy Policies



**"Serving Our
Community with Pride"**

19900 Portola Drive
Salinas, CA 93908
(831) 455-1828

This Notice Describes How Information About You May Be Used and Disclosed And How You Can Get Access To This Information. Please Review It Carefully.

Introduction: Dear Patient, We are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective as of April 14, 2003 and applies to all protected health information as defined by state & federal regulations.

Understanding Your Health Record Information:

Each time Monterey County Regional Fire Protection District (MCRFPD) responds to an emergency, a record of the incident is made. Typically, this record contains the nature of your emergency, symptoms, examination results, diagnosis, and treatment. The information referred to as your patient care record serves in the following ways:

A basis for planning care and treatment, a means of communicating among the many health professionals who contribute to your care, legal document describing the care you received, means by which you or a third-party payer can verify that services billed were actually provided, a tool in educating health professionals, a source of data for medical research, a source of information for public health officials charged with improving the health of this state and the nation, a source of data for planning and marketing, a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights:

Although your record is the physical property of Monterey County Regional Fire Protection District (MCRFPD), the information belongs to you. You have the right to:

Obtain a paper copy of this notice of information practices on request, inspect and receive a copy of your health record as provided for in 45 CFR 164.524, amend your health record as provided in 45 CFR 164.528, obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528, request communications of your health information by alternative means or at alternative locations, request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities: Monterey County Regional Fire Protection District is required to maintain the privacy of your health information, provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, and accommodate reasonable request you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

We will not use or disclose your health information without your authorization except as described in this notice. We will also discontinue to use or disclose your health information after we received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem:

If you have questions and would like additional information, you may contact the MCRFPD Privacy Officer, Fire Chief Michael Urquides, at (831) 455-1828. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

**Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, Bldg HHH
Washington, D.C. 20201**

Examples of Disclosures for Treatment, Payment and Health Operations:

We will use your health information for treatment. For example: Information obtained will be recorded in your record and used to determine the course of treatment that should work best for you. Your emergency responder will document in your record the actions they took and their observations. In that way, your health care team will know how you are responding to treatment.

We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in your treatment. This is to include all health care providers in our practices and those assisting in coverage of our practice.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations: For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include: physician services in the emergency department and radiology, certain laboratory tests and a copy of service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.