**OVERVIEW**

**Glendale Fire Department Crisis Response Program**

**OBSERVATION RIDE PROGRAM**

The Glendale Fire Department allows members of the community, 21 years of age and older, to participate in an *Observation Ride Program* with an on-duty Crisis Response crew at a Glendale fire station. This programis intended as an educational endeavor to acquaint community members with the Fire and Emergency Medical, and Crisis Response Servicesprovided by the Fire Department, and to better understand the duties and responsibilities of today's Crisis Response members.

This program allows for our community to experience responding to emergency calls in a Crisis Response vehicle while observing both Glendale Fire Department and Crisis Response operations in a variety of emergency situations. Observers will also experience firsthand what life in the fire house is all about, and to get to know your Crisis Team Members (CTMs) community firefighters on a more personable basis.

The Observation Ride Program may not be feasible for everyone. Observers, (aka Ride-Alongs and Ride-Along Applicants) must have the **physical ability** to rapidly get on fire apparatus to prevent delays in emergency response. Riders must also be able to withstand the weather variations common to Arizona for a significant period of time, as necessary to deal with different emergency events. The Fire Department will attempt reasonable accommodations to allow the observation ride to occur.

**Please go through the following steps to complete the *Observation Ride Program Packet*:**

**STEP 1 . . . . . Review the** GUIDELINES

**Details: Who to report to, what to expect, where to report, how to dress, and roles and responsibilities on the day of the Observation Ride. *Signature required***

**STEP 2 . . . . . Complete the LIABILITY WAIVER**

**Details: Release for injury, illness, or loss *Signature required***

**STEP 3 . . . . . Complete the Driver’s License Request Form**

**Details: The form must completed and submitted with the other documents.**

**STEP 4 . . . . . Complete the APPLICATION & *COLOR COPY (FRONT &BACK) OF YOUR AZ DRIVER’S* LICENSE.**

**Details: The applicant must complete the entire application in order for it to be processed and provide your driver’s license with current address. *Signature required***

**STEP 5 . . . . . Read and sign the RIDE-ALONG APPLICANT ACKNOWLEDGEMENT of HIPAA Obligations**

**Details: The applicant agrees to maintaining confidentiality of patient health information and**

**respecting patient privacy *Signature required***

**STEP 6 . . . . . Go through the HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT**

**(HIPAA) TRAINING SELF-STUDY PRESENTATION** [**CLICK HERE TO OPEN HIPAA TRAINING**](https://www.glendaleaz.com/CrisisResponse/documents/6.HIPAAADMINPPT2010.pdf)

**Details: Protection of health information and respect for patient privacy before, during and**

**after the applicant completes the Ride-Along Program**

**STEP 7 . . . . . Take the HIPAA TRAINING POST TEST**

**Details: Based on the HIPAA Training Self Study Presentation, the test passing score is 85%**

**getting 6/8 questions correct *Signature required***

**STEP 8 . . . . . Complete the INTEREST FORM**

**Details:** [**http://www.glendaleaz.com/CrisisResponse/VolunteerInterestForm.cfm**](http://www.glendaleaz.com/CrisisResponse/VolunteerInterestForm.cfm)

**Enter contact information, if requesting an internship, and days available for an observation ride (must be a 12 hour shift)**

**Once these forms are emailed (to GFDCR@glendaleaz.com), mailed in or dropped off at Glendale Fire Department Administration, Crisis Response Program*, 6829 N. 58th Dr. Glendale, AZ 85301,* a Crisis Response Supervisor will contact you with furtherinformation.**

**GUIDELINES**

**GLENDALE FIRE DEPARTMENT CRISIS RESPONSE**

**OBSERVATION RIDE PROGRAM**

This guideline establishes the procedures for Glendale Fire Department’s Crisis Response (GFD, CR) observation ride program with CR crews for emergency and non-emergency activities. Observers will be asked to review a copy of these “guidelines” and agree to all the stipulations herein. Failure to agree to and abide by any of these terms will result in immediate denial/termination of ride-along privileges.

**I. Definition**

A. An “observation ride” shall be any person riding with a Crisis Response (CR) crew, who is not a Glendale Fire Department paid staff member.

**II. Requirements**

A. A person wishing to participate in the *Observation Ride Program*, must be a minimum of 21 years old, and complete steps 1-10 before being able to schedule an observation ride with a CR crew. If an applicant fails to complete all the required steps as stated on the Observation Ride Program web site, the applicant will not be schedule for an observation ride nor an interview.

**PRE OBSERVATION RIDE**

● When all requirements (steps 2-10) are completed, the *Observation Packet* is to be emailed, mailed or dropped off for consideration and approval to the Glendale Fire Department Administration Office, *Crisis Response* , located at *6829 N. 58th Dr., Glendale, AZ 85301*

● No person shall ride without having first completed and submitted the *Observation Packet*.

● The Crisis Response Coordinator will assign the “Observation Ride Applicant” to a CR crew, and will coordinate times and dates with the observer.

● The *Observation Ride Program* will operate between 0800-2000 hours, seven days a week.

● Failure of the observer to arrive at the scheduled time may result in loss of ride-along privileges. Observers will arrive at the station no later than 7:30 AM.

● Only one (1) observer per shift will be scheduled at a time.

● Observers will be under the supervision of the CR crew at all times; and the observation ride’s privileges may be suspended or terminated immediately at the Crisis Response Coordinator’s discretion.

● Observers shall check in with the assigned CR crew immediately upon arriving at the assigned station. Observers shall comply with all directions from Fire Department personnel while in the station. If directions are in conflict, the direction from the Crisis Response Coordinator shall be followed.

● GFD CR reserves the right to deny observation ride privileges to any person whose conduct and/or appearance is or becomes a detriment to the Department.

**On Shift Requirements**

Observer Requirements for Clothing

● Pants (black, navy blue). Skirts or shorts are **NOT** permitted.

● Collared shirts.

● A hat is recommended as crews frequently operate outdoors for extended periods

● of time

● **No clothing or hats with advertising or promotional logos will be permitted**.

● Footwear:

o Dark colored heavy shoes or boots

o Sneakers, tennis or running shoes are permitted

o No sandals, no open toe, no heels.

**Observation Requirements for Grooming**

● Hair must be kept clean and groomed

● Facial piercing are not allowed on shift

● No dangling jewelry will be allowed on shift

**On Scene Requirements**

● Observers are only allowed to observe operations and shall not participate with, or be a working member of, the responding crew(s), except for special situations approved by a supervisor, who will then be responsible for the actions of the observer. However, allowing the observer to participate with the crew does not make the supervisor or the District liable for any harm to the rider.

● Observers are to be instructed by the CR crew in patient confidentiality and are not to discuss details of the patient’s care (or even non-medical personal details) with anyone involved in that patient’s care.

● Observers must be able to function in such a way as not to encumber or impede the crew’s operations or ability to respond or perform their duties in any way.

**III. Day of the Ride-A-Long**

Arriving Time to the Fire Station

● Please arrive at **0730** to observe Fire Personnel’s morning routine at the Fire Station, become familiar with the apparatus, the equipment and its location on the truck.

What to do Upon Arrival

● Upon arrival, **please ask for the CR crew**.

● He/she will brief you on your role, introduce you to the personnel in the station and let them know you are an Observer/Ride-A-Long and who you will partner with for the day.

Personnel Morning Routine at the Fire Station

● At 0730, CR crews are doing “shift change”; the Pm crew is informing the oncoming (AM) crew how their shift went, as well as if the van has any needs, and the AM crew wills start their equipment check and van check.

Meals

● Observers may bring food or eat with the crew. If you bring your own food, you MUST put your name on it. Crew members, who participate in the group meals, each contribute $5 per meal, $10 per day.

● After lunch and dinner, the tables are picked up and dishes are cleaned.

● As part of the crew, you may be asked to assist with cleaning up after meals or other station duties.

Emergency Situations

● Your safety and potentially ours is dependent on us knowing where you are at all times.

● If we cannot find you, we assume you are lost and/or injured, and manage the incident accordingly.

Responding with the Crew

● Seat belts must be worn at all time when the vehicle is in motion.

● Always wear a safety vest, gloves, and eye protection when leaving the van

● Observes will sit in the backseat

● Follow the direction of the CR crew members for your safety.

● For auto accidents and non-EMS calls (including fire calls), you must wear a safety vest and stay in the apparatus until directed otherwise by the CR crew.

***DO NOT’S***

* DO NOT operate any mechanical equipment (this includes the MCT).
* DO NOT operate, drive, or move any GFD apparatus or unit
* DO NOT enter the HOT ZONE (NEAR FIRE).
* DO NOT work beyond your comfort level.
* DO NOT work outside the direction of the CR crew.

***MUST***

* Always wear your seat belt.
* Follow the instructions of fire personnel.
* Obtain permission and brief before leaving station for the day.

***INTERNS ONLY:***

*If you are accepted to the GFD CR internship program, you acknowledge that as a social work intern, you will be completing 24 hours per week for the duration if each semester.*

*Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**CANCELLING or ARRIVING LATE**

Please contact the Crisis Response Coordinator on call. If no answer, please leave a message.

Observer’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





Glendale Fire Department

Crisis Response Observation Ride

Waiver of Liability

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name MI Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip Code

Do you have a disability? No  If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you under a doctors care? No  If yes, for what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on medication? No  If yes, what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been convicted of a crime? No  If yes, what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible party in case of an accident Relation Phone number

* In consideration of my being permitted to participate in the Glendale Fire Department Vehicle Observation Ride Along Program of the City of Glendale, I hereby release and agree to hold harmless the said City of Glendale, its employees and agents from any and all liability for any damage or injury which I may receive while participating in the Ride Along Program. This release of liability and agreement given by me to the said City of Glendale, its employees and agents shall apply to any right of action that might accrue to myself, my heirs and my personal representatives. Further, I agree to assume all risks in riding in the said City of Glendale Fire Department Vehicle and in accompanying its Personnel at the emergency scenes and am fully aware of personal danger which may involve exposure to toxins and contagious diseases.
* I agree to comply fully with any directives, orders, or requests from GFD personnel during the Observation Ride
* I have read and signed both the Obesrvation Ride Progam Guidelines and the Observation Applicant Acknowledgement of HIPAA, and I agree to observe strictly the confidentiality of GFD information, including personal patient information and medical records. Any breach of confidentiality will result in the termination of my *Obervation* privileges and may result in legal actions being taken against me by GFD and/or its patients.
* I understand that taking part in a Crisis Response Observation Ride with and observing GFD personnel perform their duties comes with serious health risks, such as exposure to: hazardous materials, infectious diseases, emotionally traumatic situations, fires, explosions and other dangers. I accept and assume these risks.
* I agree to conduct myself in such a way so as not to impede the functions of the crews as they perform routine and emergency dities.
* I am 21 years of age or older, and I have read and I understand this release and liability waiver, and I agree to all its terms. I have executed it voluntarily and with full knowledge that it takes away my legal rights to file claims for compensation for any injuries or losses I may suffer as a result of the Observation Program with GFD personnel.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRE DEPARTMENT USE ONLY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shift Company Date Time (start and end)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crisis Response Supervisor

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**City of Glendale**

**Volunteer Drivers License**

**Information Request Form**

\*\*\*\*\*\*\*\*\*\* REMEMBER TO INCLUDE A COLOR COPY OF YOUR AZ DRIVER’S LICENSE \*\*\*\*\*\*\*\*\*\*\*

**Please print:**

Volunteer Name (As it appears on your driver’s license): \_\_\_\_\_\_\_\_

Last First MI

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: Issue Date: Expiration Date:

Please note:

This form will be used by the City of Glendale to check your motor vehicle report through the Motor

Vehicle Division (ADOT).

Volunteer Signature Date

**VOLUNTEER APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | | | | | |
| Address: | | City: | | | State: AZ | | | | Zip Code: | |
| Cell Phone: | Are you 18 yrs and older? Yes  No  Are you 21 yrs and older? Yes  No  Are You a U.S. Citizen? Yes  No | | | | | | E-mail Address: | | | |
| **Are you currently a regular City of Glendale employee?** Yes:  No: | | | | | | Employee Number: | | |  | |
| **Have you ever worked for the City of Glendale?** Yes:  No: | | | | | | Employment Dates (mo/yr): | | | |  |
| **Are any of your relatives\*(marriage also) employed by the City of Glendale**  **(\*If yes, please list name, relationship and City department)** | | | | | | Yes  No | | | | |
| **Name:** | | | | | | | | | | |
| **Relationship:** | | | Department: | | | | | | | |
| **How often are you available to volunteer?** | | Once a week | | Twice a week | | | | Daily | Other: | |
| **\*INTERNS READ BELOW**  **Which days of the week are you available?**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | | **8AM-8PM** |  |  |  |  |  |  |  | | **6PM-12AM** |  |  |  |  |  |  |  | | **8PM-8AM** |  |  |  |  |  |  |  |   **\*Interns are not permitted to work 6PM-12AM**  ***\*\*FIRE CRISIS RESPONSE INTERNS: SOCIAL WORK REQUIRE 24 HOURS PER WEEK FOR THE DURATIONS OF THE SEMESTERS.*** | | | | | | | | | | |

**Driver’s License Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a valid Driver’s License? | Driver’s License Number: | State: | CDL? | Classification: |
| Yes  No |  |  | Yes  No |  |

**Do you have a High School Diploma or a G.E.D.?**  Yes  No If no, indicate highest grade completed:

**Student Internship:**  Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| College: | Major: | Type of Degree: | Degree Completed: | Credit Hours: |
|  |  |  | Yes  No |  |

**Language Proficiency (*Other than English*):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Language: | Speak: | | | Read: | | | Write: | |
|  | Yes  No | | | Yes  No | | | Yes  No | |
|  |  | | |  | | |  | |
| **EMPLOYMENT HISTORY** | |  | | | | | |  |
| **Position Title:** | | Employment Dates (mo/yr) From: | | | | | | To: |
| Employer: | | | | | Phone # | | | |
| Address: | | | City: | | | State: | | Zip: |
| Direct Supervisor: | | | | | | | | |
| **Position Title:** | | Employment Dates (mo/yr) From: | | | | | | To: |
| Employer: | | | | | Phone # | | | |
| Address: | | | City: | | | State: | | Zip: |
| Direct Supervisor: | | | | | | | | |
| **Position Title:** | | Employment Dates (mo/yr) From: | | | | | | To: |
| Employer: | | | | | Phone # | | | |
| Address: | | | City: | | | State: | | Zip: |
| Direct Supervisor: | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **List two Personal References (not related to you):** | | | |
| Name: | | Phone # | |
| Address: | City: | State: | Zip: |
| Name: | | Phone # | |
| Address: | City: | State: | Zip: |
| **Emergency Contact:** | | | |
| Name: | Phone # | Relationship: | |
| Address: | City: | State: | Zip: |

**Do you have an ADA request for reasonable accommodations to perform your volunteer duties?** :  Y**es**   **No**

**Have you ever been terminated, discharged, or forced to resign? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| No  Yes (If Yes, please name the employer, explain the circumstances, and when (mo/yr). :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The City of Glendale conducts an extensive background investigation of criminal history.** A criminal conviction does not constitute an automatic bar to placement. Each case is considered individually and based on job requirements. However, failure to answer truthfully will result in disqualification for placement with the City of Glendale. “Crime” as used in this section means any and all felonies, misdemeanors, and serious driving offenses. “Crime” does not include minor civil traffic offenses. If you are unsure how to answer this question, please ask for assistance.

“Convicted” means that you have been found guilty by a court or jury, pleaded guilty or no contest to a crime and/or have been sentenced for a crime, whether incarcerated, placed on probation, fined, or received suspended sentence.

**Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged, in any domestic, foreign or military court?  Yes  No**

**Are you pending charges, trial or other court proceedings for any crime, in any jurisdiction, at this time?  Yes  No**

If you answered yes to either or both of these questions, please give details including the offense(s) for which you were convicted or are currently pending charges, date of conviction, and jurisdiction (court, city, county and state). If an offense has been set aside or expunged, please give date of action.

Charge:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_ Jurisdiction:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If **YES**, please explain:

|  |
| --- |
| **CONDITIONS**  **I fully understand, acknowledge and agree to the following;**  **The program is under no obligation to accept all interested volunteers.**  **Any or all of the following may be required before placement in any sensitive volunteer position:**  **(A )Background Investigation (B) Fingerprinting (C) Substance Abuse Testing (D) MVD Check**  **All statements made on this application are true and authorization is given to investigate all matters contained in this application.**  **Any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Volunteer Signature**: |  | | | **Date**: |  |
| FOR OFFICE USE ONLY | | | **PLEASE RETURN APPLICATION TO:**  GLENDALE FIRE DEPARTMENT  CRISIS RESPONSE PROGRAM  6829 N. 58th Dr.  GLENDALE AZ 85301  Fax number: 623-847-5313 | | |
| Date Received | |  |
| Date Interviewed | |  |
| Date Placed/Dept Approval | |  |
| Dept Supervisor Name | |  |

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**Glendale Fire Department**

**Crisis Response Program**

**OBSERVATION APPLICANT**

**ACKNOWLEDGEMENT OF HIPAA OBLIGATIONS**

I understand that it is the intent of the Glendale Fire Department (GFD) to safeguard and protect the privacy and security of its applicants, employees’ and patients’ “protected health information” as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that “protected health information” includes individually identifiable information, maintained or transmitted through any medium, relating to an individual’s past, present, or future physical or mental health or healthcare. Health information is considered individually identifiable if it either identifies a person by name or creates a reasonable basis to believe the individual could be identified (through identifiers such as address, Social Security number, dates of service, telephone number, and email address or vehicle identification number).

In the course of my ride-along experience with GFD, I understand that I may come into contact with protected health information of applicants, employees, and patients. In consideration for my being allowed to ride-along with the GFD, I hereby agree that I will not at any time (either during my assigned time with GFD, or any time thereafter) access, use, or disclose to any person or entity, any protected health information of the GFD’s applicants, employees, or patients.

I further understand it is the policy of GFD to ensure the confidentiality, integrity, and availability of protected health information entrusted to GFD by its applicants, employees, and patients by protecting those assets from unauthorized access, alteration, deletion, or unauthorized transmission and to ensure their physical security. In consideration for my being allowed to observe and ride with GFD. I further agree that I will not make any unauthorized transmission, alteration, deletion, or unauthorized access of protected health information. Such unauthorized transmission includes but is not limited to, removing and/or transferring protected health information. Such unauthorized transmission includes, but is not limited to, removing and/or transferring protected health information in GFD’s computer system to an unauthorized location. I understand that these privacy and security obligations apply, regardless of the manner in which I acquired the protected health information, whether it was communicated verbally, in writing, electronically, or in any format, and regardless of whether it was communicated directly to me or intended for my access. I understand that this obligation survives the completion of my ride-along experience with GFD no matter the circumstances whereby my experience is completed.

I understand that the unauthorized access, use, disclosure, alteration, deletion, or unauthorized transmission of protected health information in violation of this policy may subject me to immediate removal from all GFD facilities or apparatus. I also understand that violating the privacy and security rights of individuals protected health information under HIPAA may also result in the imposition of civil/and criminal penalties and other sanctions provided by federal and state laws.

**By printing, signing, and including today’s date below, I acknowledge that I have read and understand my obligations as an observation applicant of GFD to protect the privacy and security of protected health information relating to any applicant, employee, or patient.**

OBSERVER’S PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OBSERVER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLICK HERE TO OPEN HIPAA TRAINING**

**HIPAA Awareness Post-Evaluation**

1. **What does HIPAA stand for?**
2. **Who is affected by HIPAA?**
3. **An EMT**
4. **Medical bill processor**
5. **Dentist receptionist**
6. **Nursing home assistant**
7. **All of the above**
8. **Name 3 of the 14 examples of the Protected Health Information (PHI)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **HIPAA compliance is optional by all healthcare providers nation wide**

**True False**

1. **Name 3 types of Disclosures:**

**1.**

**2.**

**3.**

**6. All of the following are to prevent incident disclosures EXCEPT:**

**A. Speak in soft tones when discussing PHI in open areas such as the recovery room, emergency department, etc;**

**B. Do not discuss PHI in public hallways, elevators or other public locations;**

**C. Talk at normal volume in public areas such as break rooms and lobbies**

**D. Only use the minimum necessary to carry out the intended purpose**

1. **A complaint must be filed within \_\_\_\_\_\_ days of when the complainant knew or should have known that the act or omission complained of occurred, unless the Secretary of the U.S. Department of Health and Human Services waives this time limitation**
2. **30**
3. **90**
4. **60**
5. **180**
6. **Individuals (This means You!) can be subject to criminal prosecution, fines and imprisonment**

**True False**