

**Bremerton Fire Department Ride-Along
HOLD HARMLESS, INFECTIOUS EXPOSURE, HIPAA AGREEMENT**

I, _____ (riders name), in consideration for the City of Bremerton allowing me to observe and participate in a ride along on _____ (date) with the Bremerton Fire Department, hereby agree to accept complete responsibility for any damages or injuries of any kind, including death, that I may sustain. I assume the risk of these activities and waive any and all claims that may arise from personal injury, property damage or wrongful death against the City of Bremerton. I understand that participation involves inherent risks of which I may not have complete information, because the risks may be unknown, and I will be exposed to emergency situations and the possibility of extreme danger. I accept those risks. I further agree to hold the City of Bremerton and its employees, officers, and volunteers harmless from any claims, suits, and costs, unless they are caused by the sole negligence of the City of Bremerton, associated with:

- My participation in this program; and
- My use of Bremerton facilities and vehicles; and
- The conditions at locations to which Bremerton personnel or equipment respond.

I understand that this agreement will bind myself, my heirs and assigns. This Assumption of Risk, Waiver and Hold Harmless Agreement shall be interpreted and construed in accordance with the laws of the State of Washington. Venue for any action arising out of my participation in this educational program shall be in the Superior Court for Kitsap County, Washington. If any provision of this agreement shall prove to be invalid, void, or illegal, it shall in no way effect, impair or invalidate any other provision of this agreement. I further agree that this agreement contains the entire agreement of the parties, and all prior and/or contemporaneous agreements, promises, representations, and statements relating to this agreement or to the risks of participating in this educational program, if any, shall not be construed as forming a part of or altering in any manner this agreement.

I understand there is a potential risk for exposure to blood borne pathogens or Tuberculosis (TB) when participating in an observation program in the fire/rescue work environment. I have been offered an opportunity to ask questions about the diseases and the risk for exposure, and to have those questions answered. Should I become exposed to blood or other potentially infectious materials, I will be advised by the fire/rescue service to seek medical attention at the location specified in their exposure control plan. I understand the fire/rescue service is NOT responsible to cover the costs associated with post-exposure medical treatment/counseling.

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. Bremerton 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 Bremerton Fire Department provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Bremerton Fire's patients. I understand that it is necessary, in the rendering of Bremerton Fire Department services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, 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 Bremerton Fire Department during my entire association with Bremerton 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 Bremerton Fire Department immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my association with Bremerton 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.

I have read and understand all privacy policies and procedures that have been provided to me by Bremerton Fire Department. I agree to abide by all policies or be subject to verbal warning, suspension, or termination of association with Bremerton Fire Department. This is not a contract of employment and does not alter the nature of the existing relationship between Bremerton Fire Department and me.

Print Name & Signature: _____ *Date:* _____

Bremerton Fire Witness/Acceptance: _____ *Date:* _____