



Manteca Fire Department

Citizen Ride-Along Request/Release



I authorize the Manteca Fire Department to conduct inquiries into the automated criminal history systems with the help of the Manteca Police Department.

I understand permission to ride with the Manteca Fire Department is a privilege, not a right. As a condition to this privilege, I agree to:

- Conduct myself in a professional manner.
- Not interfere in the employee's performance of his/her duty.
- Be dressed and groomed in a manner so as not to detract from the professional image of the Manteca Fire Department (Ripped jeans, tank tops, open-toe shoes, sandals, t-shirts or any article of clothing displaying any rude or offensive logos are expressly prohibited).
- Permit a record and wanted check investigation to be conducted on me.
- Not take any photographic or video images using any device, including a cellular telephone.

First Name

Last Name

Date of Birth

Street Address, City, State, and Zip Code

(_____) _____
Telephone Number

Driver License Number

E-Mail

Emergency Contact Person

(_____) _____
Emergency Telephone Number

Release from Liability

By signing this release, I, _____, acknowledge that I am aware that riding with the Manteca Fire Department and accompanying a Manteca Fire Department employee while performing his/her duties carry some inherent risks. The nature of the work itself means that I might become involved in a dangerous situation or other type of incident in which I may be hurt or my property damaged. I realize that being with a fire department employee does not protect me from these or any other dangers. Understanding this, for myself and my heirs, in consideration of my being permitted to participate in the Ride-Along Program, I forever discharge and hold harmless all employees of the Manteca Fire Department and the City of Manteca from any and all actions, claims, damages, or injuries arising out of, or resulting from, any incident occurring while riding in a vehicle owned or operated by the City of Manteca, or while engaged in any aspect of the Ride-Along Program in which I am requesting to participate.

Signature

Parent/Guardian Signature (Required if under 18 years of age.)

For Department Use Only:

Valid I.D. with Photograph Fire Prevention Check Complete MPD Records Check Complete

Approved to ride _____ hours on _____ (date).

Assigned to: Captain _____ Shift: _____ Station: _____

Battalion Chief: _____

Denied for the following reason(s): _____

To be completed at time of ride: Date: _____ Time In: _____ Time Out: _____

Verified by: _____ Shift: _____ Station: _____

CITY OF MANTECA FIRE DEPARTMENT

Ride-Along Program HIPAA Observer Agreement

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 limits departmental disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operational purposes. Additionally, the department is authorized to release health information for a number of specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.).

As a participant in the department’s Ride-Along Program, you are specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those departmental personnel who will be conducting your ride-along activities. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law.

Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, patient reports); Manteca Fire Department personnel will assist you in ensuring that the material is in such form that it cannot be utilized to identify a specific incident. No health-related information may be utilized without review and subsequent authorization of the Fire Chief or his designee.

As a participant in the City of Manteca Fire Department Ride-Along Program, I understand the restrictions outlined above and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act of 1996.

Ride-Along Participant/ Guardian Signature

Date

Printed Name of Ride-Along Participant

Witness

Date