



Allegiance Mobile Health Ride-Along Guidelines

There are inherent risks involved in participating in a ride-along and all riders 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 EMS operations and the types of services Allegiance Mobile Health provides.

Dress/Equipment

All riders are expected to wear appropriate attire while on a ride-along. This includes: dark navy blue or black pants (No Shorts) and black shoes or boots. White polo is preferred and it must not contain advertising or emblems.

Conduct/Safety

All riders are expected to strictly adhere to the safety and conduct guidelines outlined below.

- You must follow ALL directions given to you by Allegiance Mobile Health personnel.
- At the direction of the crew, you must wear any necessary personal protective equipment.
- You must, at all times, be in the immediate vicinity of the ambulance crew unless directed otherwise. If you need to leave the station, ambulance, or crew for any reason, you must notify the ambulance personnel.
- You must wear a seatbelt at all times when riding in a vehicle that is in motion.
- You may assist with patient care only when directed by an ambulance crew member.
- You are expected to behave professionally and courteously to patients, bystanders, crew members, and other agencies involved with a call.
- You must immediately report any injury, illness, or other problem to a crew member.

A rider who violates any safety or conduct guidelines may have their ride-along terminated.

Please carefully read and agree to the following statement:

I, _____, have read the above Allegiance Mobile Health ride-along guidelines and I agree to abide by them. I understand that a violation of any of the above policies is grounds for termination of my ride-along. I also consent to the use of my photograph, name, and address by Allegiance Mobile Health to publicize and make reports about this ride-along program.

Rider's Signature: _____ Date: _____



Allegiance Mobile Health Confidentiality (HIPAA) Guidelines

Federal law prohibits the unauthorized sharing of patient information. Patient information such as their name, demographic data, medical condition, or any other identifying information is strictly confidential and is NOT to be disclosed, in any form, to anyone except ambulance personnel and others who are authorized under HIPAA to receive such information. Riders are encouraged to treat ALL patient information as confidential and to consult the ambulance crew with any questions regarding HIPAA laws.

Please carefully read and agree to the following statement:

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 Allegiance Mobile Health leadership. I understand that if I disclose patient identifiable information, even unintentionally, I may be subject to civil and/or criminal penalties.

Rider's Signature: _____ Date: _____



Allegiance Mobile Health Waiver of Rights

In participating in a ride-along with Allegiance Mobile Health, the undersigned waves any and all rights that he or she might have to claim damages, compensation, or remuneration, in any form from Lonestar Ambulance 1, LLC, DBA Allegiance Mobile Health, and employees arising from or associated with the ride-along.

The rights specifically pertain to any injuries to the undersigned while he/she is a passenger in any ambulance or other vehicle owned or operated by Allegiance Mobile Health, or injuries sustained in the course of responding to a call including while enroute, on scene, or at any facility.

The inherent dangers associated with a ride-along include, but are not limited to, accidents involving the ambulance, negligent or intentional tortuous acts by third party persons, exposure to communicable diseases, and various accidents during the provision of emergency medical treatment. I also understand that I may witness traumatic injuries or events that may leave a lasting impression.

As used herein, the word "injuries" shall include bodily injuries, injuries to personal properties, mental anguish, emotional distress and/or death resulting from any such bodily injuries. All reference herein to the undersigned shall include not only the individual actually signing this document, but also his or her personal representative, heirs, and survivors.

In addition to waiving rights as specified above, the undersigned, by signing this document, represents that he/she has read, understood, and received a copy of this document; that he/she is 18 years of age or older; and that he/she is fully aware of the risks inherent in participating in the ride-along. The undersigned also acknowledges that if any single provision of this Waiver of Rights is declared unenforceable that such declaration has no effect on the enforceability of the remainder of the Waiver. This Waiver of Rights shall become effective upon its signing.

Rider's Signature: _____ Date: _____

Witness Signature: _____ Date: _____



Allegiance Mobile Health Ride-Along Packet

All riders must complete this packet and turn it in to a manager for approval. Ride-alongs are not permitted unless this packet is complete and approved by a manager.

Rider Information

Full Legal Name: _____

DOB: _____ Phone #: _____

Address: _____

Requested Ride-along dates: _____

Emergency Contact

Name: _____ Relation to Rider: _____

Phone #: _____ Address: _____

Application Approval (For Department Use Only)

Reviewed by: _____ Date: _____

All forms and signatures complete? Yes: No:

Approved: Denied: Denial Reason: _____

Applicant notified of denial or acceptance on (Date): _____