

Ride-A-Long Program

Thank you for choosing Care Ambulance for your Ride-A-Long experience. I have attached a waiver and confidentiality agreement that must be signed prior to leaving the station. You must wear dark (blue or black) work style long pants, white collar shirt, and closed/steel toe shoes/boots. If your school has a uniform you may wear that instead of the dark pants and white shirt. **NO BLUE JEANS.** If you show up for the ride along and are not dressed appropriately, you will not be permitted to ride.

COVID-19- We run a number of suspected and positive COVID-19 Patients every day. There is no way for us to ensure that you are not on a potential COVID call. Please be aware that you will need to bring your own mask, and eye protection; as we will not be able to provide PPE to you. You will be asked to wash your hands and sanitize before, during, and after every call and patient contact; and repeatedly as needed throughout the day.

PLEASE DO NOT SHOW UP FOR A RIDE ALONG IF YOU ARE FEELING SICK IN ANY WAY:

Fever or chills	Cough	Shortness of breath or difficulty breathing
Fatigue	Muscle or body aches	Headache
New loss of taste or smell	Sore throat	Congestion or runny nose
Nausea or vomiting	Diarrhea	

***** The night before your Ride-Along please call 858-653-4500.
– (CARE DISPATCH) They will double check and confirm your start time. *****

We are located at: **9655 Via Excelencia, San Diego 92126**

Please **park on the street** as our parking spaces are limited. Make sure you “curb” your tires since there are heavily enforced parking laws on the streets near the station.

When you arrive at the station call:

858-653-4500 – (CARE DISPATCH) they will send someone out to meet you.

We are in the big grey building with the “Stanley Steamer” sign on top.

-Please walk into the main lobby and ring the bell for CARE Ambulance.

Please arrive 15 minutes early to meet your crew as they will not wait for you. Please plan on being on the ambulance the full 8.5 + hours of the crews shift. I can't bring in a crew early to drop you off. **If you have not completed your required hours or patient contacts by the end of this units shift, you may request the crew contact our dispatch center to arrange for you to extend your ride along with another crew.**

You may want to pack a light lunch in the event you are running so many calls that lunch isn't available. This doesn't happen often but it does occur.

If you have any problems please contact me immediately. If you can't come to your scheduled time please let me know. I have many students trying to get time slots so be kind to them. After your Ride-A-Long please email me with your comments. Thank you again for choosing Care Ambulance.

**Seth Parker
Sparker@caresandiego.com
858-220-4577**

CARE Ambulance
Student/Guest/Trainee Confidentiality and Non-Disclosure Agreement

I _____ understand that CARE Ambulance provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of CARE Ambulance's patients. I understand that it is necessary, in the rendering of CARE Ambulance 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 from improper use and disclosure by federal and state laws.

I agree that I will comply with all confidentiality and security policies and procedures set in place by CARE Ambulance during my experience as a student/guest/trainee with CARE Ambulance. If at any time I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the Privacy Officer of CARE Ambulance immediately.

I also understand that I may be exposed to other confidential or proprietary information of CARE Ambulance and I agree not to reveal any of that information to anyone at any time.

In addition, I understand that a breach of patient confidentiality may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of CARE Ambulance. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. As a general rule, I understand that any patient or confidential information that I see or hear while a student/guest/trainee will stay here at CARE Ambulance when I leave.

I have been given an overview of the privacy policies and procedures and have been given access to review those policies. I agree to abide by all policies or my privilege to participate in clinical activities or to otherwise observe CARE Ambulance activities will be terminated.

Signature: _____

Date: _____

Name: _____

CARE MEDICAL TRANSPORTATION, INC.
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for participating in _____ and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Care Medical Transportation, Inc., their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted or in transportation to and from said premises.
2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowingly. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of California.
5. I UNDERSTAND THAT CARE MEDICAL TRANSPORTATION, INC. WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN.
6. I further agree to become familiar with the rules and regulations of Care Medical Transportation concerning student conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
7. I also understand that I should and am urged by Care Medical Transportation to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the activity or the transportation to and from said activity.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____ 200__.

Participant

Parent must sign if under 18 years old