

Name of Applicant \_\_\_\_\_

## Milton Rescue



## Observer Program



# MILTON RESCUE

SERVING OUR COMMUNITY SINCE 1966  
43 BOMBARDIER ROAD MILTON, VERMONT 05468

(802)-891-8090  
FAX (802)-893-4556

## Observer Program

The Observer Program is designed to give community members, students, and individuals interested in applying for membership a unique opportunity to spend time with an ambulance crew and to observe our EMS providers in action. Participation in the Observer Program is at the sole discretion of the organization's management and those who wish to participate should complete Observer Program Application and Waiver of Liability and submitted it at least 5 days in advance of the observing shift. Observers do not need an EMT certification or prior experience to participate in the Observer Program.

The Observer Program is designed to accommodate all persons 16 years of age and older. Every person desiring to ride shall be provided the opportunity unless it is determined that allowing that particular person to participate would constitute a hazard to the person, EMS personnel, or the Community.

As with everything we do, safety is our number one priority. Every effort will be made to keep the Observer as safe as possible during your Ride-Along. For this reason, the on duty Crew Chief has the right to refuse to take the Observer on any call that they feel could endanger them, such as known disease or chemical exposure, violent situations, etc. All observers must wear safety belts while riding in any municipal vehicle.

Emergency services workers work in a variety of conditions ranging from inside patients homes to outside during extreme weather conditions. Emergency services require stooping, bending, climbing, standing, pushing, pulling kneeling, crouching, reaching, and lifting up to 125 lbs. Observers should be dressed in appropriate casual attire with footwear that protects the ankles. No shorts, cutoffs, tank tops, skirts, or sandals can be worn while observing.

Observers are limited to observing between the hours of 6:00 am and 10:00 pm. Exceptions can be made at the discretion of management.

Observers will be under the direction of the on duty Crew Chief. Questions regarding procedures, patient care, and EMS activities are welcomed but must be done at an appropriate time. Observers shall not interfere with the EMS crews activities at any time.

While on calls, non-EMT Observers may be asked to assist the EMS crew with tasks that they feel are appropriate, such as assisting with lifting and carrying of patients, carrying equipment, or performing CPR compressions (if trained). Observers who are EMT certified may do any of the above, as well as assisting with obtaining vital signs, patient assessment, or any other tasks that the crew chief deems appropriate. **You are in no way obligated to perform any tasks you are uncomfortable with.** Please make an effort to discuss what you would and would not like to do with your Crew Chief at the start of your shift.

### Patient Confidentiality

Observers may not read EMS run forms or other materials containing information about ambulance calls, other than the run forms for calls in which they participated. Any and all information regarding calls, patient condition, etc. is strictly confidential and may not be discussed with anyone but the crew from that call. The Observer must read and understand the HIPPA Privacy Act prior to their observation.



## Milton Rescue Department

Serving Our Community Since 1966

43 Bombardier Road, Milton, VT 05468

(802) 891-8090

FAX (802)893-4556

Chief Donald Turner

www.milton.govoffice2.com

## Privacy Notice

Please read this notice in its entirety. This notice explains how your health information will be used and protected.



## Mission Statement

The mission of the Milton Rescue Department is to provide 24-hour emergency medical care to the citizens of Milton and their guests. Milton Rescue volunteers are committed to the delivery of these services while treating all people whom they have contact, with respect and dignity.

## Who We Are

Milton Rescue is a Volunteer/paid on call organization. Currently we are made up of about thirty volunteers, who respond to over seven-hundred calls and year. These emergencies range from common medical problems to major

trauma incidents and drug overdoses. Volunteers spend over 25,000 hours of being on call over a year's time; this does not include training, additional classes, or other community events that the department participates in. Milton Rescue members train weekly with individual crews and monthly with the whole department. Milton Rescue strives to provide the best emergency care

## Who Must Follow this Notice?

This notice describes the privacy practices of Milton Rescue, a department of the town of Milton, Vermont.

### OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following categories describe ways that we may use and disclose health information that identifies you ("Health Information"). Some of the categories include examples, but every type of use or disclosure of Health Information in a category is not listed. Except for the purposes described below, we will use and disclose Health Information only with your written permission. If you give us permission to use or disclose Health Information for a purpose not discussed in this notice, you may revoke that permission, in writing, at any time to **Milton Rescue, 43 Bombardier Road Milton, Vermont 05468**

- **For Treatment.** We may use Health Information to treat you or provide you with health care services. We may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our facility who may be involved in your medical care. For example, we may tell your primary physician about the care we provided you or give Health Information to a specialist to provide you with additional services.
- **For Payment.** We may use and disclose Health Information so that we or others may bill or receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about your treatment so that they will pay for such treatment. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose Health Information for health care operations

purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use Health Information to review the treatment and services we provide to ensure that the care you receive is of the highest quality.

- **Fundraising Activities.** We may use Health Information to contact you in an effort to raise money. We may disclose Health Information to a related foundation or to our business associate so that they may contact you to raise money for us.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release Health Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- **Research.** Under certain circumstances, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication or treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, though, the project will go through a special approval process. This process evaluates a proposed research project and its use of Health Information to balance the benefits of research with the need for privacy of Health Information. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, so long as they do not remove or take a copy of any Health Information.
- **SPECIAL CIRCUMSTANCES**
- **As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.
- **Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

- **Organ and Tissue Donation.** If you are an organ donor, we may release Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of the hospital in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law.
- **Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release Health Information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2)

limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

- **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.
- **National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### **YOUR RIGHTS:**

You have the following rights regarding Health Information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. To inspect and copy this Health Information, you must make your request, in writing, to **Milton Rescue, 43 Bombardier Road Milton, Vermont 05468.**
- **Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, you must make your request, in writing, to **Milton Rescue, 43 Bombardier Road Milton, Vermont 05468.**
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of Health Information we made. To request an accounting of disclosures, you must make your request,

in writing, to **Milton Rescue, 43 Bombardier Road Milton, Vermont 05468.**

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. In addition, you have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about your surgery with your spouse. To request a restriction, you must make your request, in writing, to **Milton Rescue, 43 Bombardier Road Milton, Vermont 05468**
- **We are not required to agree to your request.** If we agree, we will comply with your request unless we need to use the information in certain emergency treatment situations.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communications, you must make your request, in writing, to **Milton Rescue, 43 Bombardier Road Milton, Vermont 05468.** Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, **Milton Rescue, 43 Bombardier Road Milton, Vermont 05468.**

#### **CHANGES TO THIS NOTICE:**

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Health Information we already have as well as any information we receive in the future. We will post a copy of the current notice at the hospital. The notice will contain the effective date on the first page, in the top right-hand corner.

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Interim Chief Moore at **Milton Rescue, 43 Bombardier Road Milton, Vermont 05468.** All complaints must be made in writing. **You will not be penalized for filing a complaint.**



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## To the Observer:

You are required to complete this application after reading the rules and regulations and the HIPPA form on pages 2 thru 4 of this application. By signing this application you acknowledge that you have read and understand and are willing to comply with these rules and regulations. You will be required to sign the Waiver Section on Page 6 in the presence of the on-duty Crew Chief when you report to for your ride-along.

If you are under the age of 18, your parents or guardian must cosign this page of the application indicating they too have read, understand and agree with the conditions placed on your participation in this program. Your parent/guardian also needs to sign the Waiver section on page 6 prior to turning the application into the department. Your parent/guardian may be telephoned prior to your ride-along to verify their approval.

No application will be processed unless all the required information is provided and you have signed the bottom of the application. Once your application has been processed you will be contacted prior to your requested observation date by telephone or by e-mail and informed if your application has been approved. All telephone notifications will be made to the telephone number indicated by you on a weekday between 9:00 am and 4:00 pm.

This is a voluntary program conducted in the interest of public enlightenment. Milton Rescue reserves the right to limit or exclude any person from participation in the program when it is deemed by the department that the person's participation would not be in the best interest of Milton Rescue, of any of its individual members, or the public, or when it might be reasonably be construed that a conflict of interest may exist between the applicant and the police department or its mission.

Your Full Name: \_\_\_\_\_

Your Home Address: \_\_\_\_\_

Your Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Drivers License#: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Your E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Date(s) you are requesting to observe:

\_\_\_/\_\_\_/\_\_\_ from \_\_\_:\_\_\_ to \_\_\_; \_\_\_ \_\_\_/\_\_\_/\_\_\_ from \_\_\_:\_\_\_ to \_\_\_; \_\_\_

Is there a specific member that you would like to observe with?

\_\_\_\_\_



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**WAIVER OF CIVIL LIABILITY INDEMNIFICATION AGREEMENT**

In consideration of the Town of Milton Rescue Department (hereinafter "Milton Rescue") granting me permission to accompany a Milton Rescue crew as an observer in the Observer Program, I hereby waive any and all rights and claims of liability for damages, losses, personal injuries or death which I might suffer, sustain or cause while participating in the Observer Program. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the Town of Milton, its Rescue Department, its elected officials, officers, agents or employees, as a result of my voluntary participation in the Observer Program; and I hereby hold harmless such persons an entities and or persons set for the herein, I agree to indemnify those persons and/or entities for all damages, attorney fees and cost incurred in defending said demand or claim.

I further agree to comply with all rules and regulations of the Observer Program and any instructions or orders issued by members of Milton Rescue in connection with the Observer Program. I certify that I am aware of the potential risk involved in accompanying Milton Rescue members during the performance of their duties.

**\*\*\*DO NOT SIGN THIS WAIVER NOW\*\*\***  
 (You will sign this section prior to your ride along)

**You will be required to sign the Waiver in the presence of the On Duty Crew Chief when you report for your ride along. Please ensure you have your driver's license or other form of photo identification with you when you report to your ride along.**

I hearby acknowledge that I fully understand the consequences of this waiver and that it is voluntary and intelligent act on my part.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (signature) (Printed Name) Date



**IF APPLICANT IS UNDER 18 YEARS OF AGE  
 THE BELOW SECTION MUST BE COMPLETED PRIOR TO SUBMITTING APPLICATION**

I am the parent or legal guardian of \_\_\_\_\_ who is requesting to participate in the Observer Program of the Town of Milton Rescue Department. I hereby give my permission for this ride along and agree to all of the terms set forth in the Observer Program Application

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Parent or Guardian Printed Name Date

Daytime Phone Number: \_\_\_\_\_



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**DO NOT WRITE ON THIS PAGE – FOR DEPARTMENT USE ONLY**

**APPROVAL / DENIAL**

**TO:** \_\_\_\_\_

**FROM:** Rescue Chief or Designee

- Observer applicant, named above has been approved to participate in the Observer Program pursuant to the program rules and regulations and under your continued supervision and approval
- Observer applicant, named above is not approved to participate in the Observer Program. Reason for refusing application:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**VERIFICATION OF PROGRAM PARTICIPATION**

**TO:** Rescue Chief or Designee

**From:** \_\_\_\_\_

The above named participant:

- Had their identification verified, signed the Ride-Along Waiver in the presence of the on duty Crew Chief and rode from \_\_\_\_\_ hours until \_\_\_\_\_ with the \_\_\_\_\_ Crew
- Had their Ride-Along time period altered. State the reason of time extension and curtailment.  
\_\_\_\_\_  
\_\_\_\_\_
- Did not appear for the scheduled Ride-Along
- Canceled their request to participate prior to ridding and provided the following reasons: \_\_\_\_\_