

RIDE-ALONG REQUEST FORM

PLEASE FILL/PRINT - ALL SECTIONS MUST BE COMPLETED **OHSU Police** EMAIL TO PUBSAFE@OHSU.EDU or FAX TO OHSU POLICE AT 503-494-4839 Integrity-Respect-Excellence-Trust-Compassion

Mail Code: PP22C	DATE:		PHONE	NO		
3181 SW Sam Jackson Park Rd. Portland, OR 97239-3098	NAME:					
Tel 503 494-7744		(LAST)	(FIRST)	(MIDDLE)		
Fax 503 494-4839	ADDRESS:_					
	CITY, STATE, ZIP					
DRIVER'S LICENSE NUMBE	ER:		DATE OI	F ISSUE:		
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:					
REQUESTED RIDE DATE: _			_ REQUESTED RI	DE TIME:		
REASON FOR RIDE:						

AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

I understand a background check is required for a ride-along and hereby authorize OHSU Police to conduct a criminal history records check, including convictions, pending charges and outstanding warrants. I understand that this criminal history check is due to the nature of law enforcement and health care work encountered during a ride-along. I understand that all available criminal records will be checked and that the information obtained will be used to determine eligibility of applicants for a ride along. All information is to remain confidential as required by Oregon and Federal statutes. SIGNATURE:

EXPECTATIONS OF PRIVACY AND CONFIDENTIALITY

Please read the following information carefully. It explains your responsibility in helping us protect the privacy and confidentiality of personal health information.

While you are at OHSU, you will learn about some of the exciting things that happen here. You also may see or hear private, personal information about our patients and research participants. For example:

- You may see patients you recognize.
- You may hear OHSU employees discussing a patient's care.
- You may notice a patient's name that is familiar to you.
- A patient may speak to you about their illness or injury.

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Our patients trust us - and they trust you - to keep their information private.

As a visitor we expect you to:

- Abide by all OHSU policies and guidelines.
- · Keep any personal information you may see or hear confidential and not share it with anyone, even your family, friends or
- · neighbors.
- Follow the directions of the person who is responsible for your experience or tour.
- Treat patients and research participants with whom you have contact, as you would want to be treated.
- · Not offer any medical advice or treatment of any kind, regardless of your occupation or licensure.

We hope you enjoy your visit. Thank you for helping us ensure that personal health information is always treated with complete confidentiality.					
(Initials) I have reviewed and understand OHSU's expectations of me in regard to protecting privacy and confidentiality of patients, research subjects, and other confidential information during and after my ride-along. I will not offer any medical advice or treatment during my ride-along.					
LIABILITY RELEASE					
I,, being years of age, and not being a member of the OHSU Police, have made a voluntary request to accompany an officer or officers in the performance of their duties as members of the OHSU Police (hereafter referred to as a "ride-along").					
In consideration for the permission given to me to participate in a ride-along, I on behalf of myself, my heirs, executors, administrators and assigns, agree to fully release OHSU, its officers, agents and employees, from any claims for damage or injury to my person, my property, or my death, and to INDEMNIFY OHSU, OHSU Police, their officers, agents, and employees from any and all claims brought as a result of my death or injury or for any property damage resulting from my participation in this ride along.					
(Initials) I am aware that the work of OHSU Police is inherently dangerous and that I may be killed, injured or suffer damage to my personal property by accompanying a member of members of OHSU Police on a ride along.					
(Initials) I understand that there are many potential risks that I will be exposed to as a result of my participation in a ridealong, including but not limited to motor vehicle collisions, use of weapons, unlawful acts, forcible resistance by law violators, suspected law violators, and patients, harassment, assaults, riot, breach of the peace, fire, explosion, gas, electrocution, or the escape of radioactive or harmful substances.					
(Initials) I freely, voluntarily, and with full knowledge of the potential risks set forth above assume the risk of death, personal injury or property damage arising from my voluntary participation in this ride-along, and I understand and acknowledge that I am under no pressure or obligation to participate in the ride-along program.					

(Initials) I understand that I may com be associated with participation in a ride-alon		risk of death, personal injury or property damage that may pate in this activity.
OHSU Police, their officers, agents, employees	, sureties, and each of them pility of expense of every kir	istrators, and assigns to defend and indemnify OHSU and a, against any and all manner of actions, causes of actions, and and nature incurred or arising by reason of any actual or in the ride-along program.
the OHSU Department of Public Safety, their o actions, causes of actions, suits, debts, claims,	fficers, agents, employees, demands, damages, or liab	istrators, and assigns to defend and indemnify OHSU and sureties, and each of them, against any and all manner of ility of expense of every kind and nature brought on my cover for my death, injury, or damage to my property.
OHSU EMPLOYEES ONLY		
compensation, overtime or benefit under any	collective bargaining agreer	rolice ride-along does not entitle me to any form of ment or individual employment contract held between ork" and am entitled to no benefits related to on-the-job
OHSU Department of Public Safety Ride-Alon	g. It is strongly recommend nowledge and agree that y	affects your legal rights regarding your participation in an led that you consult with an attorney before signing this ou have had the opportunity to discuss this document ss it with an attorney.
I hereby represent that I have carefully read a will.	and understand the conten	ts of this document and sign the same of my own free
PASSENGER SIGNATURE	DATE	
	DPS USE OF	 N L Y
COMMAND STAFF APPROVAL SIGNATURE	 DATE	CHH COMPLETEDDATE
COMMINION STATE APPROVAL SIGNATURE	DAIL	DAIL
DATE OF RIDE	SHIFT	
		REQUESTOR NOTIFIED
SERGEANT APPROVAL SIGNATURE	_	DATE