



HYDE COUNTY

Emergency Services

RIDE-ALONG PROGRAM RELEASE/INDEMNITY AND PRIVACY AGREEMENT

RELEASE/INDEMNITY

I _____, in consideration of being permitted to participate in the ride-along program and ride in a vehicle owned and operated by the County of Hyde, for the express purpose of observing or participating in operations and facilities of the Hyde County Emergency Services Department, the undersigned agrees to release and hold harmless the County of Hyde, its agents, employees and elected officials from and against all claims, costs and damages which arise out of or in any manner resulting from my participation in the ride-along program and related activities.

I further agree to indemnify, defend and hold harmless the County of Hyde, its agents, employees and elected officials, any and all sums of money, damages, attorney's fees, costs or expenses that may be here after required, resulting from an injury or damage which I may cause during my participation in the ride-along program and related activities.

PRIVACY

I have been advised of the obligations of the Hyde County Emergency Services Department relative to the Health and Insurance Portability and Accountability Act (HIPAA). I understand that disclosure of protected health information without the written consent of the patient will subject me to civil penalties under the federal law. Further, I understand that it is not the intent of the Hyde County Emergency Services Department to release protected health information to me; however, if I become aware of any individually identifiable patient information, including but not limited to, birth date, social security number, name, address, telephone number, or anything else that could specifically identify an individual, I agree to keep the information confidential and not disclose this information to any other person or entity.

I have carefully read the foregoing RELEASE/INDEMNITY AND PRIVACY AGREEMENT and understand its contents.

