



RIDE-ALONG REQUEST FORM

PLEASE FILL/PRINT – ALL SECTIONS MUST BE COMPLETED
EMAIL TO PUBSAFE@OHSU.EDU or FAX TO OHSU POLICE AT 503-494-4839

OHSU Police
Integrity-Respect-Excellence-Trust-Compassion

Mail Code: PP22C
3181 SW Sam Jackson Park Rd.
Portland, OR 97239-3098
Tel 503 494-7744
Fax 503 494-4839

DATE: _____ PHONE NO. _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY, STATE, ZIP _____

DRIVER'S LICENSE NUMBER: _____ DATE OF ISSUE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

REQUESTED RIDE DATE: _____ REQUESTED RIDE 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 ride-along, 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.

OHSU Police

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