



**PCFD 17**

**OBSERVER REPORT**

**REQUESTOR** (filled out by applicant)

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Reason for request \_\_\_\_\_

Date & Time of requested ride-along \_\_\_\_\_

**AUTHORIZATION**

Approved ( ) Yes ( ) No By \_\_\_\_\_

Reason for not approving \_\_\_\_\_

Assignment (if approved)

Person to contact \_\_\_\_\_ Time & Date \_\_\_\_\_

Location \_\_\_\_\_

**COMMENTS**

By Officer \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_





## PHI for Observer for PCFD 17

The Observer acknowledges that he/she will be present when protected health information (PHI) is discussed between PCFD 17 Fire District personnel and patients. Understanding the importance of protecting the confidentiality of patient information, in every form, the Observer agrees to the following, as a condition of being allowed to ride along with Fire District personnel. The Observer will:

- Not use or further disclose PHI except as permitted under this Agreement or required by law;
- Use appropriate safeguards to prevent use or disclosure of PHI except as permitted by this Agreement;
- To mitigate, to the extent practicable, any harmful effect that is known to OBSERVER of a use or disclosure of PHI by the OBSERVER in violation of this Agreement.
- Report to the District any use or disclosure of PHI not provided for by this Agreement of which OBSERVER becomes aware.
- In Summary: Anything you see or hear concerning a patient, while on an incident with PCFD 17, you cannot verbalize to anyone once the incident is terminated.

\_\_\_\_\_  
OBSERVER

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE