# STRATFORD EMS

## OBSERVER WAIVER & CONFIDENTIALITY ACKNOWLEDGMENT

Observer name: _____

Organization / title: _____

Phone: _____ Email: _____

Proposed Observation date(s): _____ Time: _____

### Purpose and Scope

I request to participate as a nonclinical observer with Stratford Emergency Medical Service (Stratford EMS). My participation is for observation only and does not authorize me to provide patient care, access records independently, or direct EMS operations. I will follow staff instructions, safety requirements, and any required protective measures. Stratford EMS may limit or end my participation at any time, including at a patient's request or when necessary for privacy, safety, or patient care.

### Acknowledgment of Risk and Release

I understand that EMS observation, including travel in emergency vehicles and attendance at emergency scenes, may involve risks of injury, illness, exposure to infectious disease, emotional distress, property damage, or death. I voluntarily accept the risks associated with my participation. In consideration of this opportunity, I release Stratford EMS, the Town of Stratford, and their respective officers, employees, volunteers, and members from claims, damages, or liabilities arising from my participation, to the extent permitted by law.

### HIPAA and Patient Confidentiality

I may see or hear confidential patient information. I agree to protect that information and comply with applicable HIPAA requirements and Stratford EMS privacy policies. I will not access, use, discuss, or disclose patient information except as authorized by Stratford EMS or required by law. I will not photograph, record, copy, retain, or post patient information or patient care activities, including through social media. I will immediately report any suspected privacy violation to my EMS host. These obligations continue after my observation ends.

### Observer Agreement

I confirm that I am at least 18 years old, have read and understand this form, have had the opportunity to ask questions, and agree to its terms. I will complete any required safety and privacy orientation before observing.

Observer signature: _____ Date: _____

SEMS representative: _____ Date: _____

*This form **must** be completed and submitted before an observation shift can be scheduled. Stratford EMS will review the form and schedule observations according to operational needs and procedures. While we will attempt to accommodate the observer's availability, operational needs take priority, and assignment to a specific staff member cannot be guaranteed. Observers must comply with all scheduling and assignment decisions and will receive confirmation of their scheduled observation shift.*