

**STATEMENT OF RESPONSIBILITY AND CONFIDENTIALITY**

For and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of Riddle EMS – Riddle Health Care Services (“Agency”), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by the undersigned while participating in clinical instruction with Agency unless such injury or loss arises solely out of Agency’s gross negligence or willful misconduct.

This undersigned hereby acknowledges his/her responsibility under applicable Federal law and this Agreement to keep confidential a) any information regarding the patients of Riddle EMS b) the sign on and password of the orientation training website and its content, and c) all confidential information of Agency. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Agency, except as required by law or as authorized by Agency.

The following shall bind each person who has signed below:

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Instructor Name-School (Print)

\_\_\_\_\_  
Instructor Name-School (Sign)

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Name (Sign)

The Instructor and student must legibly print and sign their name above, prior to the start of their Ride Time internship.