

SNEMS COMMUNITY PARAMEDICINE CONSENT



I _____ agree to participate in Superior North Emergency Medical Services Community Paramedicine Program.

By agreeing to this, I further agree to:

1. Allow the Community Paramedic (CP) access to my Residence.
2. Allow the CP to compile information and share information with my Health care team or allied agencies as needed.
3. Allow the CP to have access to my Health care records.
4. Allow the CP to anonymously collect data for reports in regard to this study.

ALL information collected, and if necessary shared with allied agencies will be kept strictly CONFIDENTIAL in accordance with all professional standards.

Client Name: _____

Client Signature: _____

Witness Name: _____

Witness Signature: _____

Date: 20 _____