



Lovington Fire Department

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<http://www.lovingtonfire.com>

ACKNOWLEDGEMENT OF MULTIPLE PATIENT TRANSPORT

This form serves as acknowledgement that you will be occupying the same patient compartment with another patient during your medical transfer to another facility. Due to unit and staffing availability, sharing the ambulance transport with another patient is the only means in which you may arrive at the receiving facility in a timely manner.

Every means to maintain your privacy, to include protected health information, and to limit incidental disclosures will be taken. Lovington Fire Department personnel will not share any protected health information with the other patient occupying the ambulance. In addition, Lovington Fire Department personnel will take measures to ensure that your health and safety are not compromised.

I have been informed that I will be sharing the ambulance
Patient compartment with another patient during my transport.

(INITIALS)

I have been informed that the gender of the other patient is _____.

(INITIALS)

Patient Name: _____

Patient Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____