

# AGREEMENT FOR ADMINISTRATIVE ACCESS to eMEDS®

I, \_\_\_\_\_ ,

<input type="checkbox"/>	Emergency Medical Dispatcher
<input type="checkbox"/>	Emergency Medical Responder
<input type="checkbox"/>	Emergency Medical Technician
<input type="checkbox"/>	Cardiac Rescue Technician
<input type="checkbox"/>	Paramedic
<input type="checkbox"/>	Medical Director
<input type="checkbox"/>	Other, _____

affiliated with the below named EMS Operational Program, have read and understand the **MEMORANDUM OF UNDERSTANDING REGARDING ACCESS TO eMEDS®** effective date \_\_\_\_\_ between MIEMSS and the below named EMS Operational Program (the "MOU") in its entirety. I hereby adopt the MOU and agree to adhere to all the terms, conditions, and obligations regarding my access to eMEDS Patient Care Reports and other eMEDS® data as provided therein.

EMS Service: \_\_\_\_\_

Agency ID: \_\_\_\_\_

By: \_\_\_\_\_

*Signature*

Date signed: \_\_\_\_\_

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Provider Number

*EMS Service Senior EMS Officer*

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Provider Number