

# **SOUTH METRO FIRE RESCUE POLICIES & PROCEDURES**



## **South Metro Fire Rescue**

### **HIPAA Privacy Rule Compliance Agreement**

I understand that South Metro Fire Rescue provides private and confidential services to patients and that as a student, observer or rider with South Metro Fire Rescue, I am a crucial step in respecting the privacy rights of South Metro Fire Rescue patients. I understand that it is necessary, in the rendering of South Metro Fire Rescue services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written, photographic, video, or electronic. All such information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure.

South Metro Fire Rescue prohibits the unauthorized release of any patient information to anyone outside the organization (oral, written, photographic, video, or electronic) and discussions of protected health information (PHI) within the organization should be limited to the minimum necessary.

Acceptable uses or disclosures of Protected Health Information (PHI) within the organization include but are not limited to: patient care, peer review, internal audits, quality assurance, and billing. I understand that I am expected to honor the reasonable safeguards that have been implemented at South Metro Fire Rescue to ensure that PHI is not disclosed inappropriately. I also understand that incidental disclosures occasionally occur, but I will do my best to keep these at a minimum.

I agree that I am required as a student, observer or rider with South Metro Fire Rescue, to comply with all confidentiality policies and procedures set in place by South Metro Fire Rescue during my entire experience with South Metro Fire Rescue. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify South Metro Fire Rescue immediately. In addition, I understand that a breach of patient confidentiality may result in the termination of my privileges to ride with South Metro Fire Rescue. It may also include the recommendation by South Metro Fire Rescue for disciplinary action by my sponsoring agency.

I agree to all conditions as set forth in this agreement. This is not a contract of employment and does not alter the nature of the employment relationship between South Metro Fire Rescue and me.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this signed document to South Metro Fire Rescue Administration**