



WINDSOR SEVERANCE FIRE RESCUE

100 N. 7th Street • Windsor • Colorado • 80550
970-686-2626



HIPAA Privacy Rule Compliance Agreement

I understand that Windsor Severance Fire Rescue provides private and confidential services to patients and that as a student, observer, or rider with Windsor Severance Fire Rescue, I am a crucial step in respecting the privacy rights of Windsor Severance Fire Rescue's patients. I understand that it is necessary in the rendering of Windsor Severance 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, or video. All such information is strictly confidential and protected by federal and state laws that prohibits unauthorized use or disclosure.

Windsor Severance Fire Rescue prohibits the unauthorized release of any patient information to anyone outside the organization (oral, written, photographic, 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 Windsor Severance 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 Windsor Severance Fire Rescue, to comply with all confidentiality policies and procedures set in place by Windsor Severance Fire Rescue during my entire experience with Windsor Severance Fire Rescue. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Company Officer to which I am assigned immediately. In addition, I understand that a breach of patient confidentiality may result in the termination of my privileges to ride with Windsor Severance Fire Rescue. It may also include the recommendation by Windsor Severance 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 Windsor Severance Fire Rescue and me.

Printed Name: _____

Signature: _____ *Date:* _____