

Springdale Fire Department

Confidentiality Verification Form

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Springdale Fire Department (Department) prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that the Department provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of the Department's patients. I understand that it is necessary, in the rendering of Department services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by the Department during my entire employment or association with the Department. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of the Department immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with the Department. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by the Department. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written reprimand, suspension, demotion or termination of employment. This is not a contract of employment and does not alter the nature of the existing relationship between the Department and me.

Signature: _____ Date: _____

Printed
Name: _____