

ARVADA FIRE PROTECTION DISTRICT

**Policy on Confidentiality and Dissemination of Patient Information and
Ride Along Verification**

Given the nature of our obligation to Emergency Medical Services, it is imperative that we maintain the confidence of patient information that we may receive in the course of carrying out our duties. The ARVADA FIRE PROTECTION DISTRICT prohibits the release of any patient information to anyone outside the organization and discussions of protected health information (PHI) within the organization should be limited. I understand that the ARVADA FIRE PROTECTION DISTRICT provides services to patients that are private and confidential and that I must respect the privacy rights of the ARVADA FIRE PROTECTION DISTRICT patients. I understand that it is necessary, in the rendering of ARVADA FIRE PROTECTION DISTRICT 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 confidential information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure for treatment, payment, health care operations or personal gain.

I agree that I will comply with all confidentiality policies and procedures set in place by the ARVADA FIRE PROTECTION DISTRICT during my Ride Along with the ARVADA FIRE PROTECTION DISTRICT. If, at any time, I knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of the ARVADA FIRE PROTECTION DISTRICT immediately. At any time upon request, I agree to return any and all patient confidential information in my possession.

I agree to all conditions of my Ride Along set forth in this agreement.

Signature: _____ *Date:* _____

Printed Name: _____