

Huber Heights Fire Division Policy on Confidentiality and Dissemination of Patient Information and Staff Member Verification

Given the nature of our work, it is imperative that the Huber Heights Fire Division (HHFD) maintains the confidence of patient information received during the course of our work. The HHFD prohibits the release of any patient information to anyone outside the organization unless required for the purpose 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 HHFD provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of the HHFD's patients. I understand that it is necessary in the rendering of 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 states laws.

I agree that I will comply with all confidentiality policies and procedures set in place by the HHFD during my entire employment or association with the HHFD. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of the HHFD immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with the HHFD. 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. This is not a contract for continued employment.

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

Signature: _____ Date: _____

Printed Name: _____