



BAKER CITY, OREGON
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Baker City Fire Department Confidentiality and Dissemination of Patient Information and Liability Release

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. The Baker City Fire 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 Baker City Fire Department provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Baker City Fire Department's patients. I understand that it is necessary, in the rendering of the Baker City Fire Department services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, verbal, 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 Baker City Fire Department during my entire association with the Baker City Fire 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 Baker City Fire Department immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my association with the Baker City Fire Department. Upon termination of my 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 or continued employment.

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

Acknowledgments

- The Cadet understands and agrees to comply with this Privacy Agreement.
- The Parent/Guardian consents to the Cadet's participation and acknowledges the confidentiality obligations described herein.
- Both parties acknowledge that violations may have consequences as described in this agreement and in applicable Department policies.

Cadet's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____