



Unified Fire Authority Ride Along Program

UFA RIDE ALONG PROGRAM CONFIDENTIALITY AGREEMENT

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

I agree that I will comply with all confidentiality and security policies, procedures, and standards set in place by Unified Fire Authority during my experience as a student/guest/trainee with Unified Fire Authority. If at any time, I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the Compliance Officer of Unified Fire Authority immediately.

In addition, I understand a breach of patient confidentiality may result in immediate suspension or termination of the privileges to gain clinical experience or observe the activities of Unified Fire Authority. Upon termination of this privilege for any reason, or at any time upon request, I agree to return all patient confidential information in my possession. As a rule, I understand any patient or confidential information I see or hear while a student/guest/trainee will stay with Unified Fire when I leave the program.

I agree to abide by all policies or my privileges to participate in clinical activities or to observe Unified Fire Authority activities will be terminated.