

## **DANVILLE RESCUE SQUAD**

### **Policy on Confidentiality and Dissemination of Patient Information and Staff Member Verification**

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. DANVILLE RESCUE SQUAD 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 DANVILLE RESCUE SQUAD provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of DANVILLE RESCUE SQUAD's patients. I understand that it is necessary, in the rendering of DANVILLE RESCUE SQUAD 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 DANVILLE RESCUE SQUAD during my entire employment or association with DANVILLE RESCUE SQUAD. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of DANVILLE RESCUE SQUAD immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with DANVILLE RESCUE SQUAD. 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 DANVILLE RESCUE SQUAD. 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 of any membership or association with DANVILLE RESCUE SQUAD. This is not a contract of employment and does not alter the nature of the existing relationship between DANVILLE RESCUE SQUAD and me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_