

McDowell Technical Community College
Appendix C
Emergency Medical Care Program
Confidentiality Agreement

Through my association within any of the clinical or field sites during the time spent as a student in the EMS Program, I understand that patient information in any form (paper, electronic, oral, etc.) is protected by law. I also understand that any breach of patient confidentiality can have severe ramifications up to and including termination of my relationship with said clinical or field site as well as possible civil and criminal penalties. In addition, I may be dismissed from the EMS Program. I will only access, use or disclose the minimum amount of patient information that I am authorized to access, use or disclose and that is necessary to carry out my assigned duties. I will not improperly divulge any information that comes to me through the carrying out of my assigned duties, program assignment or observation.

This includes but is not limited to:

- ➔ I will not discuss information pertaining to any patient with anyone (even my own family) who is not directly working with said patient.
- ➔ I will not discuss any patient information in any place where it can be overheard by anyone who is not authorized to have this information.
- ➔ I will not mention any patient's name or disclose directly or indirectly that any person is a patient except to those authorized to have the information.
- ➔ I will not describe any behavior, which I have observed or learned about through association within said clinical sites except to those authorized to have this information.
- ➔ I will not contact any individual or agency outside said clinical site to get personal information about an individual patient unless a release of information is signed by the patient or by someone who has been legally authorized by the patient to release information.
- ➔ I will not use confidential clinical site business related information in any manner not required by my job or disclose it to anyone not authorized to have or know it.
- ➔ I will not access information concerning any patient in whose care I am not directly involved other than as established by my job description.
- ➔ I understand my responsibility to take action when faced with a privacy concern or become aware of a potential violation of our policies and standards. This includes:
 - ▼ **RECOGNIZE** the concern and nature of the situation
 - ▼ **RESPOND** appropriately
 - ▼ **REPORT** the issue to someone who can assist in resolving the matter

I understand that my agreement to maintain the confidentiality of patient information is a condition of my continued placement in said clinical sites. I understand that failure to maintain confidentiality is basis for disciplinary action, including dismissal from the EMS Program. With my signature, I indicate I have read and understand this Agreement.

Printed Name: _____

Signature: _____

Date: _____