

CYPRESS CREEK EMS
Acknowledgment of Patient Confidentiality

I, _____ (employee/volunteer/student/observer name), understand that all information that I obtain about patients at Cypress Creek EMS is confidential as it pertains to the patients Individual identifiable health information (IIHI). IIHI includes, but is not limited to, the patients age(if over 89 years), name, address, phone numbers, fax numbers, email addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers of any type, certificate numbers, license plate numbers, vehicle identifiers/serial numbers, URL's, IP addresses, fingerprints, voice prints and full face photographs. Any information that can reasonably point to the identity of a patient is confidential and cannot be released without prior written authorization of the Cypress Creek EMS Privacy Officer, Barbara Lightsey, 16650 Sugar Pine Lane, Houston, TX 77090.

As an employee I understand that I will have access to the above identifiers and that I will not disclose any of those identifiers outside the normal line of duty. I also understand that I am not permitted to discuss with anyone outside of the original crew providing patient care, any information which could reasonably identify the patient except as allowable by requirement of the law or in the course of clinical review. Requirements of law include: Disaster relief purposes, reporting of communicable diseases and reports of child or elder abuse or neglect. Anytime this type of disclosure is made, the provider must inform the patient as to the type of disclosure made and for what reasons the disclosure was made, with the exception of child abuse.

If an illegal disclosure of information is made, either accidentally or maliciously, it is the responsibility of the employee to inform the Cypress Creek EMS Privacy Officer immediately. If such disclosure is maliciously made, the employee may be subject to disciplinary action by Cypress Creek EMS. The employee may also be subject to both Civil and Criminal penalties for disclosure of IIHI under the Health Insurance Portability and Accountability Act of 1996.

By signing this form I acknowledge that I have read and understand the information contained in this document and have had the opportunity to ask questions about information that I do not understand.

Employee Signature

Date