



**Staff Member /Volunteer HIPAA 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 and that we ensure its security. San Juan Island EMS 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) or Electronic Protected Health Information (“e-PHI”) within the organization should be limited. Acceptable uses of PHI and e-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 San Juan Island EMS provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of San Juan Island EMS's patients. I understand that it is necessary, in the rendering of San Juan Island EMS 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 and security policies and procedures set in place by San Juan Island EMS during my entire employment or association with San Juan Island EMS. If I, at any time, knowingly or inadvertently breach the patient confidentiality and security policies and procedures, I agree to notify the Privacy Officer of San Juan Island EMS immediately.

In addition, I understand that a breach of patient confidentiality or of the policies and procedures established for the security of patient information and other confidential information may result in suspension or termination of my employment or association with San Juan Island EMS. 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, as well as any passwords or other things used to access PHI and e-PHI.

I have read and understand all privacy and security policies and procedures that have been provided to me by San Juan Island EMS. 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 San Juan Island EMS. This is not a contract of employment and does not alter the nature of the existing relationship between San Juan Island EMS and me.

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

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