

Student/Guest/Trainee Confidentiality and Non-Disclosure Agreement

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 from improper use and disclosure 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 experience as a student/guest/trainee with San Juan Island EMS. If at any time I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the Privacy Officer of San Juan Island EMS immediately.

I also understand that I may be exposed to other confidential or proprietary information of San Juan Island EMS and I agree not to reveal any of that information to anyone at any time.

In addition, I understand that a breach of patient confidentiality may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of San Juan Island EMS. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. As a general rule, I understand that any patient or confidential information that I see or hear while a student/guest/trainee will stay here at San Juan Island EMS when I leave.

I have been given an overview of the privacy policies and procedures and have been given access to review those policies. I agree to abide by all policies or my privilege to participate in clinical activities or to otherwise observe San Juan Island EMS activities will be terminated.

Signature: _____ *Date:* _____

Name: _____