



MASON CITY FIRE DEPARTMENT

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CONFIDENTIALITY AND PROTECTION OF PROTECTED PERSONAL HEALTH INFORMATION

I, the undersigned, understand that the Mason City Fire Department's policy on confidentiality covering "Protected Personal Health Information". I understand that this policy applies to my association with the Mason City Fire Department through the EMS Student Ride-Along Program. I understand that safeguarding confidentiality is an integral part of the terms and conditions of my participation in the Ride-Along Program. I hereby agree that I will not, at any time during or after my participation in the Ride-Along Program access or use personal health information or reveal or disclose to any party within or outside the Mason City Fire Department any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation and organizational policies governing proper release of information. I also understand that unauthorized use or disclosure of such information will result in disciplinary action resulting in my expulsion from the EMS Student Ride-Along Program and the possible imposition of fines pursuant to applicable state and federal laws. Confidentiality extends to communications in all means and forms and I will be responsible for taking actions that actively safeguard against any unauthorized release of information ensuring compliance with the Mason City Fire Department's policy.

Signature of Individual

Date

Printed Name of Individual