



NORTHWEST FIRE DISTRICT

RIDE-ALONG APPLICANT

ACKNOWLEDGEMENT OF

HIPAA OBLIGATIONS

I understand that it is the intent of the Northwest Fire District (NWFD) to safeguard and protect the privacy and security of its applicants, employees' and patients' "protected health information" as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that "protected health information" includes individually identifiable information, maintained or transmitted through any medium, relating to an individual's past, present, or future physical or mental health or healthcare. Health information is considered individually identifiable if it either identifies a person by name or creates a reasonable basis to believe the individual could be identified (through identifiers such as address, Social Security number, dates of service, telephone number, email address or vehicle identification number).

In the course of my ride-along experience with NWFD, I understand that I may come into contact with protected health information of applicants, employees, and patients. In consideration for my being allowed to ride-along with the NWFD, I hereby agree that I will not at any time (either during my assigned time with NWFD, or any time thereafter) access, use, or disclose to any person or entity, any protected health information of the NWFD's applicants, employees, or patients.

I further understand it is the policy of NWFD to ensure the confidentiality, integrity, and availability of protected health information entrusted to NWFD by its applicants, employees, and patients by protecting those assets from unauthorized access, alteration, deletion, or unauthorized transmission and to ensure their physical security. In consideration for my being allowed to ride-along with NWFD. I further agree that I will not make any unauthorized transmission, alteration, deletion, or unauthorized access of protected health information. Such unauthorized transmission includes but is not limited to, removing and/or transferring protected health information. Such unauthorized transmission includes, but is not limited to, removing and/or transferring protected health information in NWFD's computer system to an unauthorized location. I understand that these privacy and security obligations apply, regardless of the manner in which I acquired the protected health information, whether it was communicated verbally, in writing, electronically, or in any format, and regardless of whether it was communicated directly to me or

intended for my access. I understand that this obligation survives the completion of my ride-along experience with NWFD no matter the circumstances whereby my experience is completed.

I understand that the unauthorized access, use, disclosure, alteration, deletion, or unauthorized transmission of protected health information in violation of this policy may subject me to immediate removal from all NWFD facilities or apparatus. I also understand that violating the privacy and security rights of individuals protected health information under HIPAA may also result in the imposition of civil/and criminal penalties and other sanctions provided by federal and state laws.

By printing, signing, and including today's date below, I acknowledge that I have read and understand my obligations as a ride-along applicant of NWFD to protect the privacy and security of protected health information relating to any applicant, employee, or patient.

RIDER'S PRINTED NAME: _____

RIDER'S SIGNATURE: _____ DATE _____