



THE PRINCE GEORGE'S COUNTY GOVERNMENT
Fire/EMS Department Headquarters

Policy on Confidentiality

While providing emergency medical care, members of the Prince George's County Fire/Emergency Medical Services receive confidential health information in a variety of forms, including written, verbal, photographic, and electronic. The Prince George's County Fire/EMS Department prohibits the release of patient information outside the organization with the exception of the customary health care communications and practices between emergency medical providers and health care facilities. Department personnel are to use or disclose no more protected health information than necessary to perform their job or to fulfill the purpose of the use of disclosure. Acceptable uses of protected health information within the Department include but are not limited to peer review, internal audits, quality assurance and billing.

I understand that Prince George's County Fire/EMS Department provides services to patients that are private and confidential and that I am obligated to respect the privacy rights of the Department's patients. I understand 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 confidential information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure.

I agree to comply with all confidentiality policies and procedures established by the Prince George's County Fire/EMS Department. I agree to notify the Information Management Office of Prince George's County Fire/EMS Department in the event of an inadvertent breach of patient confidentiality or questions regarding HIPAA policies and procedures. In addition, I understand that an intentional breach of patient confidentiality may result in suspension or termination of my employment/membership with the Prince George's County Fire/EMS Department.

I have read and understand all privacy policies and procedures that have been provided to me by the Prince George's County Fire/EMS Department. I agree to adhere to all conditions set forth in this agreement.

Signature : _____ Date _____

Printed Name : _____ ID# _____

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