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**Area Ambulance Service
Guest/Trainee Confidentiality and Non-Disclosure Agreement**

I _____ acknowledge that patients provide and Area Ambulance Service collects personal, confidential information verbally, in writing, and through digital means. I understand and agree that any information pertaining to patients is strictly confidential and protected by federal and state laws and that I will not use or disclose patient information in any way, unless Area Ambulance Service authorizes me to do so.

I agree that I will comply with all HIPAA policies and procedures in place at Area Ambulance Service during my experience as a guest/trainee with Area Ambulance Service. If at any time I knowingly or inadvertently breach patient confidentiality or violate the HIPAA policies and procedures of Area Ambulance Service, I agree to notify Area Ambulance Service immediately.

I also understand that I may be exposed to other confidential or proprietary information of Area Ambulance Service and I agree not to reveal any of that information to anyone at any time, unless I am authorized by Area Ambulance Service to do so. This means that I will not disclose information about Area Ambulance Service's business practices or other information that Area Ambulance Service might consider to be confidential or proprietary.

Failure to uphold these obligations may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of Area Ambulance Service. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient information or confidential or proprietary information in my possession. I understand that any patient or confidential information that I see or hear while a guest/trainee will stay here at Area Ambulance Service when I leave.

I have been given an overview of Area Ambulance Service's HIPAA policies and procedures and have been given access to review those policies and I agree to abide by them.

Signature: _____ **Date:** _____

Print Name: _____

Privileged to serve the communities of Cedar Rapids, Marion, Hiawatha, Robins, Springville, Bertram, Ely, Fairfax, Walford, Atkins, Swisher and Shueyville, and portions of Linn, Johnson, and Benton counties.