

2730 12th Street SW
P.O. Box 362
Cedar Rapids, Iowa 52404

Admin: 319-366-2300
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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.



Confidentiality Agreement Between Area Ambulance Service and Student

This Confidentiality Agreement is made between Area Ambulance Service and Student (hereinafter referred to as "Vendor"). This Agreement applies to situations where Vendor may come into contact with "Protected Health Information" ("PHI") or other confidential information in the course of performing services for Area Ambulance Service. The parties have determined that Vendor does not meet the definition of a "business associate" as that term is defined under HIPAA, but that Vendor may at times be exposed to PHI, proprietary, or other confidential information (collectively referred to as "confidential information") when performing services for Area Ambulance Service. This Agreement outlines the expectations, obligations, and requirements of Vendor with respect to such information.

1. Vendor understands that while performing the services for Area Ambulance Service, it may be working in areas where confidential and proprietary information may be kept, including confidential PHI. As an example, this confidential information may come in a variety of forms, including in verbal form that can be overheard, or in paper or electronic form.
2. Under no circumstances, except as otherwise agreed to in writing, shall Vendor access any confidential information of Area Ambulance Service.
3. In the event that Vendor views, overhears, or otherwise comes into contact with any confidential information, Vendor agrees not to use or further disclose such information to anyone.
4. Vendor agrees to educate its personnel as to the importance of confidentiality with respect to the performance of services for Area Ambulance Service and to maintain a strong confidentiality policy applicable to all of its personnel who may be assigned to perform services at Area Ambulance Service.
5. Vendor agrees to follow and abide by specific policies, procedures, and other safeguards and mechanisms of Area Ambulance Service regarding confidential information while performing services on behalf of Area Ambulance Service.
6. Vendor will take steps to ensure that its employees remain only in authorized areas of Area Ambulance Service and that they will not turn on or use any computers, open any files, desks, boxes, data storage devices, or otherwise access any item that may potentially contain confidential information of Area Ambulance Service.

7. Vendor agrees to immediately report to Area Ambulance Service any improper access, release, use, disclosure, or misappropriation of confidential information. Such occurrence shall result in appropriate discipline of Vendor's personnel, up to and including termination.
8. Any violations of this Confidentiality Agreement shall be cause for immediate termination of any service relationship, including any contractual agreement with Vendor, without notice.

Agreed to this _____ day of _____, _____.

Area Ambulance Service
2730 12th Street SW
Cedar Rapids, Iowa 52404

Student

Signature: _____

Signature: _____

Title: _____

Title: _____

Date: _____

Date: _____