

City of Nome
Volunteer Departments
Policy on Confidentiality and Dissemination of Patient Health
Information and Staff and Volunteer Member Verification

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. The City of Nome - Nome Volunteer Ambulance Department prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operation, and discussions of Protected Health Information (PHI) within the organization would be limited. Acceptable uses of PHI within the organizations include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits and quality assurance activities.

I understand that our volunteer department provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of all patients. I understand that it is necessary, in the rendering of emergency services, 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 information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by NVAD during my entire employment and or association with either NVAD or NVFD. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Emergency Services Administrator of the City of Nome immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with either department. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. This is not a contract for continued employment or association with NVAD or NVFD.

I have read and understand all privacy policies and procedures that have been provided to me. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension or termination of employment or association or of any membership with NVAD or NVFD. This not a contract of employment and does not alter the nature of the existing relationship between NVAD/NVFD and me.

Signature: _____ Date: _____

Printed Name: _____