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<b>Subject:</b>	<b>HIPAA Patient Access, Amendment or Restriction to PHI</b>
<b>Section:</b>	<b>PPG# 3350.7</b>
<b>Chapter:</b>	<b>Community Relations</b>
<b>Effective Date:</b>	<b>8/14/03</b>

## 1.0 POLICY

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- 1.1 McLane/ Black Lake Fire Department shall provide individuals with the right to access, request amendment or restriction on the use of their protected health information (PHI) found within a designated record set (DRS) in accordance with the HIPAA Privacy Rule.
- 1.2 McLane/ Black Lake Fire Department will comply with the requirements of the law pertaining to Patient Access, Amendment and Restriction of Use of PHI,
- 1.3 Only information contained in the Designated Record Set (DRS) Appendix “A” is to be provided to patients who request access, amendment and restriction on the use of their PHI in accordance with the Privacy Rule and the Privacy Practices of McLane/ Black Lake Fire Department.

## 2.0 GUIDELINES

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- 2.1 **Patient Access**
- 2.2 Patients or authorized representative may complete a Request for Access Form – Appendix “B”
- 2.3 Verification of the patient’s identity must be made. If the requestor is not the patient, the name of the individual and verification that the requestor is acting on behalf of the patient must be made by obtaining a notarized release. The use of a driver’s license, social security card, or other form of government-issued identification is acceptable for identification purposes.
- 2.4 The completed “Request for Access” will be presented to the Privacy Officer for action. If required, a completed “Authorized Release” form must be attached.
- 2.5 The Privacy Officer will act upon the request within 30 days, 60 days if records are stored off site.
- 2.6 If the Privacy Officer is unable to respond to the request within specified time frame, the requestor will be given written notice no later than the initial due date for a response, explaining why. In these circumstances an additional 30 days is permitted.

- 2.7 Upon approval of access, the patient will have the right to access the PHI contained in the Designated Records Set (DRS) outlined below and may make a copy of the PHI contained in the DRS upon verbal or written request. Copying fees shall apply per District policy.

**Denial of Request**

- 2.8 Patient access to PHI may be denied. Patient notification of denial will be made on
- 2.9 Appendix “C” *Denial for Request for Access to PHI*. Denial based on 2.9.1 or 2.9.2 is final and not subject to review and may not be appealed by the patient.
- 2.9.1 If the information the patient requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;
- 2.9.2 If the information the patient requested was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
- 2.10 Denial of access to PHI based on one or more of the following is subject to review and appeal:
- 2.10.1 If a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
- 2.10.2 If the protected health information makes reference to another person (other than a health care provider) and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person;
- 2.10.3 If the request for access is made by a requestor as a personal representative of the individual about whom the requestor is requesting the information, and a licensed health professional has determined, in the exercise of professional judgment, that access by you is reasonably likely to cause harm to the individual or another person.

- 2.11 If the denial of the request for access to PHI is for reasons 2.10.1 – 2.10.3, then the patient may request a review of the denial of access by sending a written request to the Privacy Officer.

- 2.12 McLane/ Black Lake Fire Department will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny the patient access. McLane/ Black Lake Fire Department will promptly refer the request to this designated review official. The review official will determine within a reasonable period of time whether the denial is appropriate. McLane/ Black Lake Fire Department will provide the patient with written notice of the determination of the designated reviewing official.

The patient may file a complaint, in accordance with Appendix “J” if they are not satisfied with McLane/ Black Lake Fire Department’s determination.

2.13

**Patient Review of Records**

2.14 A patient accounting form shall be completed prior to review of the patients PHI, Appendix “G” and become part of the DRS.

2.15

Copies of the requested DRS files will be provided to the patient and shall be reviewed in an area allowing confidentiality under the direct supervision of the Privacy Officer or other designated member of McLane/ Black Lake Fire Department. Patients shall not be allowed to access original files or electronic data. UNDER NO CIRCUMSTANCES SHALL ORIGINALS OF PHI LEAVE THE PREMISES.

2.16

Copies of requested PHI may be provided to the patient. Copy fees shall apply in accordance with District policy.

2.17

Access to DRS shall be noted in a log book, Appendix “K”, that shall indicate the time and date of the request, the date access was provided, what specific records were provided for review, and what copies were given to the patient / requestor.

2.18

**Patient Request for Amendment of PHI**

2.19 After review of PHI, a patient or requestor may request an amendment to his or her PHI, and request restriction on its use.

2.20

The patient requestor may only request amendment to PHI contained in the DRS.

2.21

A “*Request for Amendment*” form, Appendix “D” must be accompanied by any request for amendment.

2.22

All requests for amendment shall be immediately forwarded to the Privacy Officer for review.

2.23

McLane/ Black Lake Fire Department shall act upon a Request for Amendment within 60 days of the request. If McLane/ Black Lake Fire Department is unable to act upon the request within 60 days, it must provide the requestor with a written statement of the reasons for the delay. Under these circumstances an additional 30 days is permitted.

2.24

**Granting Requests for Amendment**

2.25

Upon granting a request for amendment, the Privacy Officer will issue a letter to the patient / requestor indicating the appropriate amendment to the PHI or record has been made, Appendix “E”.

2.26

The Privacy Officer shall provide notification of amended PHI to those persons or business associates that have such information and who may have relied on or could be reasonably expected to rely on the amended PHI. The patient must identify other individuals who may need the amended PHI and sign the statement on the “*Request for Amendment*” form giving McLane/ Black Lake Fire Department permission to provide the updated PHI.

2.27

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2.28 McLane/ Black Lake Fire Department will add the request for amendment, the denial or granting of the request, as well as any statement of disagreement by the patient and any rebuttal statement by McLane/ Black Lake Fire Department to the designated record set.

**Denial of Requests for Amendment**

2.29 McLane/ Black Lake Fire Department shall deny requests to amend PHI for the following reasons:

2.29.1 If the PHI in question was not created / documented by a member of McLane/ Black Lake Fire Department;

2.29.2 If the information is not part of the DRS; or

2.29.3 The information is accurate and complete.

2.30 McLane/ Black Lake Fire Department will provide a written denial in plain language, stating the reason for the denial. Appendix “F”; the individual’s right to submit a statement disagreeing with the denial and how the individual may file such a statement; a statement that, if the individual does not submit a statement of disagreement, the individual may request that the provider provide the request for amendment and the denial with any future disclosures of the PHI; and a description of how the individual may file a complaint with the covered entity, including the name and telephone number of an appropriate contact person, or to the Secretary of Health and Human Services.

2.31 McLane/ Black Lake Fire Department may submit a rebuttal statement to a patients “statement of disagreement.” The patients statement of disagreement will be appended to the PHI, or at McLane/ Black Lake Fire Department’s option, a summary of the disagreement will be appended, along with the rebuttal statement of the organization.

2.32 Upon receiving notice from another covered entity, such as a hospital, that it has amended its PHI in relation to a particular patient, McLane/ Black Lake Fire Department shall amend the specified patients PHI that is affected by the noted amendments.

**2.33 Patient Restriction for Restriction of PHI**

2.34 The general policy shall be to deny requests for restriction of PHI however;

2.35 Patients may request a restriction on the use and disclosure of their PHI, Appendix “I”.

2.36 All requests for restriction on use and disclosure of PHI must be submitted in writing on the approved company form. All requests will be reviewed and denied or approved by the Privacy Officer.

2.37 Restricted PHI may not be used or disclosed in violation of the agreed upon restriction, except that if the individual who requested the restriction is in need of emergency service, and the restricted PHI is needed to provide the emergency service.

Agreement to restrict PHI will be documented to ensure that the restriction is followed.

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2.38

2.39 Termination of restriction of PHI may be made by written request of the patient/ requestor. McLane/ Black Lake Fire Department may also terminate PHI restriction as long as the patient is notified that PHI received after the restriction is removed is no longer restricted. PHI that was restricted prior to McLane/ Black Lake Fire Department voiding the restriction must continue to be treated as restricted PHI.

**Filing Complaints about Privacy Practices**

2.40

2.41 Patients/ authorized representatives have the right to make a complaint directly to the Privacy Officer of McLane/ Black Lake Fire Department concerning its policies and procedures with respect to the use and disclosure of PHI. Complaints regarding McLane/ Black Lake Fire Department’s compliance with their established policies or the Federal Privacy Rule can also be made in accordance with Appendix “J” *“Procedure for Filing Complaints about Privacy Practices”*.

2.42 Complaints should immediately be directed to the Privacy Officer and will become part of the DRS.

2.43 A Log will be kept of all filed complaints and their disposition.

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### 3.0 REFERENCES

3.1 Health Insurance Portability Act of 1996 (HIPAA)

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### 4.0 APPENDIX

4.1	Appendix A	Designated Records Set (DRS)
4.2	Appendix B	Patient Request for Access Form
4.3	Appendix C	Denial of Request for Access to Protected Health Information
4.4	Appendix D	Request for Amendment of Protected Health Information
4.5	Appendix E	Acceptance of Request for Amendment of Protected Health Information
4.6	Appendix F	Denial of Request for Amendment to Protected Health Information
4.7	Appendix G	Patient Accounting Form
4.8	Appendix H	Accounting Log for Disclosures of Protected Health Information
4.9	Appendix I	Patient Request for Restrictions Form
4.10	Appendix J	Procedure for Filing Complaints about Privacy Policies
4.11	Appendix K	Log for Processing Complaints about Privacy Policies
4.12	Appendix L	Member Verification of Confidentiality Policy

## Designated Records Set (DRS)

1. The DRS for any request for access to PHI includes the following records:
  - a. The patient care report or PCR created by EMS field personnel (this includes any photographs, monitor strips, Physician Certification Statements, Refusal of Care forms, or other source data that is incorporated and/or attached to the PCR.
  - b. The electronic claims records or other paper records of submission of actual claims to Medicare or other insurance companies.
  - c. Any patient-specific claim information, including responses from insurance payers, such as remittance advice statements, Explanation of Medicare Benefits (EOMBs), charge screens, patient account statements, and signature authorization and agreement to pay documents.
  - d. Medicare Advance Beneficiary Notices, Notices from insurance companies indicating coverage determinations, documentation submitted by the patient, and copies of the patient's insurance card or policy coverage summary, that relate directly to the care of the patient.
  - e. Amendments to PHI, or statements of disagreement by the patient requesting the amendment when PHI is not amended upon request, or an accurate summary of the statement of disagreement.
2. The DRS also includes copies of records created by other service providers and other health care providers such as first responder units, assisting ambulance services, air medical services, nursing homes, hospitals, police departments, coroner's office, etc., that are used by the McLane/ Black Lake Fire Department for treatment and/ or payment purposes related to the patient.

**McLane/ Black Lake Fire Department  
Patient Request for Access Form**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Last Date of Service: \_\_\_\_\_

*Patient Rights:* As a patient, you have the right to access, copy or inspect your protected health information, or PHI, in accordance with federal law. You may also have the right to request an amendment to your PHI, or request that we restrict the use and disclosure of it. These rights are further described in our Notice of Privacy Practices and in other policies that you may have upon request.

To better allow us to process your request, please indicate the type of request you are making on this form: [check all that apply]

\_\_\_\_\_ Access to simply review my health information.

\_\_\_\_\_ Access to obtain copies of my health information.

\_\_\_\_\_ Access to review and potentially request amendment of my health information.

\_\_\_\_\_ Access to review and potentially request an accounting of how my PHI has been used and disclosed to others.

\_\_\_\_\_ Access to review and potentially request restrictions on the use and disclosure of my health information.

*Signature* \_\_\_\_\_ *Request Date* \_\_\_\_\_

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**McLane/ Black Lake Fire Department**

**Denial of Request for Access to Protected Health Information**

Dear [INSERT REQUESTOR’S NAME]:

We have carefully reviewed your request to have access to certain protected health information (PHI) that McLane/ Black Lake Fire Department has in its possession about you. Unfortunately, we are unable to grant your request for access to this information.

The basis for denial is:

1. \_\_\_\_\_ The information you requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;
2. \_\_\_\_\_ The information you requested was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

The denials for reasons #1 or #2 are final and you may not appeal the decision to deny access to the information.

3. \_\_\_\_\_ A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
4. \_\_\_\_\_ The protected health information makes reference to another person (other than a health care provider) and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person;
5. \_\_\_\_\_ The request for access is made by you as a personal representative of the individual about whom you are requesting the information, and a licensed health professional has determined, in the exercise of professional judgment, that access by you is reasonably likely to cause harm to the individual or another person.

Denials of access for reasons #3, #4, or #5 may be reviewed in accordance with the review procedures described below.

Review Procedures



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If the denial of your request for access to PHI is for reasons #3, 4 or 5, you may request a review of the denial of access by sending a written request to:

Privacy Officer  
McLane/ Black Lake Fire Department  
125 Delphi Rd. SW  
Olympia, WA 98502

We will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny you access. We will promptly refer your request to this designated review official. The review official will determine within a reasonable period of time whether the denial is appropriate. We will provide you with written notice of the determination of the designated review official.

You may also file a complaint in accordance with the enclosed complaint procedures if you are not satisfied with our determination.

Sincerely,

Privacy Officer  
McLane/ Black Lake Fire Department

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**McLane/ Black Lake Fire Department  
Request for Amendment of Protected Health Information**

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Information to Amend:**

Please check the field that represents the type of information you would like to amend.

- |  |   |
|--|---|
| <input type="checkbox"/> Name                      | <input type="checkbox"/> Marital Status           |
| <input type="checkbox"/> Billing Address           | <input type="checkbox"/> Surrogate Decision Maker |
| <input type="checkbox"/> Mailing Address           | <input type="checkbox"/> Organ Donor              |
| <input type="checkbox"/> Current Medical Condition | <input type="checkbox"/> Other: Please describe   |
| <input type="checkbox"/> Past Medical History      | _____   |
| <input type="checkbox"/> Current Medications       | _____   |
| <input type="checkbox"/> Allergies                 | _____   |

Please specifically describe what information you wanted amended. Please ONLY list the new information. Attach a separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_

McLane/ Black Lake Fire Department, in its capacity as a health care provider, is entitled to perform and bill for services based on all protected health information in its current form or upon which it has already relied until such time as the amended information becomes effective. McLane/ Black Lake Fire Department is not required to accept your request for amendment and will notify you in writing as to the decision on your request.

Your signature below indicates that you have agreed to accept these terms as they have been listed and to provide payment, if required, to McLane/ Black Lake Fire Department based on existing protected information until such time that the amendments you have made are effective.

*Patient Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**McLane/ Black Lake Fire Department  
Acceptance of Request for Amendment of Protected Health Information**

Dear [INSERT NAME OF REQUESTOR]:

We have reviewed your request for amendment to the protected health information (PHI) of [INSERT NAME OF PATIENT]. Please be advised that we have made the appropriate amendment to the PHI or record that was the subject of your request.

We are now requesting that you grant us permission to allow us to notify the persons with which the amendments need to be shared. We will provide to those individuals you identify to us as having received the PHI that has been amended as well as those persons or business associates that have such information and who may have relied on or could be reasonably expected to rely on the amended PHI.

Identify to us any individuals you know of who may need the amended PHI about you and sign the statement below giving us permission to provide them with the updated PHI.

If you have any questions, please contact:

Privacy Officer  
McLane/ Black Lake Fire Department  
125 Delphi Rd. SW  
Olympia, WA 98502

Sincerely,

McLane/ Black Lake Fire Department

By my signature below, I hereby agree to allow McLane/ Black Lake Fire Department to provide amended PHI that it may have about me to the following persons, and to others who McLane/ Black Lake Fire Department has identified as having a need for such information, provided such information is furnished in accordance with federal law.

Contact information for persons I know need the amended PHI about me:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**McLane/ Black Lake Fire Department  
Denial of Request for Amendment to Protected Health Information**

[DATE GOES HERE]

Dear [INSERT NAME OF REQUESTOR]:

We have reviewed your request for amendment to the protected health information (PHI) of [INSERT NAME OF PATIENT]. Please be advised that we must deny your request to amend this information at this time.

The basis for the denial is:

[NOTE: YOU MUST GIVE A PLAIN LANGUAGE REASON FOR THE DENIAL. YOU MAY DENY THE REQUEST FOR AMENDMENT IF: 1) YOU DID NOT CREATE THE PHI AT ISSUE, 2) THE INFORMATION IS NOT PART OF A DESIGNATED RECORD SET, OR 3) THE INFORMATION IS ACCURATE AND COMPLETE]

You have the right to submit a written statement to us if you disagree with the denial of your request. You may file your statement directly to our privacy officer, [INSERT NAME] at the address listed above.

If you do not submit a statement disagreeing with our decision to deny your amendment request, you may request that we provide your initial request for amendment, and a copy of our denial of your request with any future disclosures of the protected health information (PHI) that was the subject of your request for denial.

You also have the right to file a complaint with us or with the federal government if you disagree with our decision to deny your request to amend your PHI. We have enclosed a copy of our Complaint Procedure, which outlines the steps you need to take to file either a complaint with us, or a complaint with the federal government.

Sincerely,

Privacy Officer  
McLane/ Black Lake Fire Department

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**McLane/ Black Lake Fire Department  
Patient Accounting Form**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

*Patient Rights:* As a patient, you have the right to access, copy or inspect your PHI, amend your PHI, request an accounting of certain uses and disclosures of PHI for the last six (6) years, prior to the date of the request, from McLane/ Black Lake Fire Department. **NOTE: McLane/ Black Lake Fire Department is not required to provide you with an accounting of uses and disclosures associated with your treatment and transport, or for billing, payment or health care operations.**

*Signature* \_\_\_\_\_ *Request Date* \_\_\_\_\_

**List of Uses and Disclosures**

Date of Disclosure	Name/Address of Recipient	Purpose and Brief Description of Disclosure	PHI Disclosed

**MCLANE/ BLACK LAKE FIRE DEPARTMENT  
Accounting Log for Disclosures of Protected Health Information**

DATE OF DISCLOSURE	PATIENT NAME	REQUESTOR NAME/COMPANY TITLE	PURPOSE OF DISCLOSURE	PHI REQUESTED (DESCRIBE)	AUTHORIZATION FROM PATIENT?	PHI DISCLOSED (DESCRIBE)	PRIVACY OFFICER REVIEW

**McLane/ Black Lake Fire Department  
Patient Request for Restriction Form**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

*Patient Rights:* As a patient, you have the right to request restrictions to the uses and disclosures of your PHI. **McLane/ Black Lake Fire Department is not required to agree to any restrictions requested by the patient, however any restrictions agreed to by McLane Fire & Life Safety are binding on McLane/ Black Lake Fire Department.**

Please indicate your request for restricted uses and disclosures of your PHI.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR MCLANE/ BLACK LAKE FIRE DEPARTMENT USE ONLY**

**DATE REC'D** \_\_\_\_\_

**REQUEST ACCEPTED** \_\_\_\_\_

**REQUEST DENIED** \_\_\_\_\_

**DATE** \_\_\_\_\_

**REVIEWING OFFICIAL** \_\_\_\_\_

**NOTICE TO PT** \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

**McLane/ Black Lake Fire Department  
Procedure for Filing Complaints About Privacy Practices**

YOU MAY MAKE A COMPLAINT DIRECTLY TO US

You have the right to make a complaint directly to the Privacy Officer of McLane/ Black Lake Fire Department concerning our policies and procedures with respect to the use and disclosure of protected health information (PHI) about you. You may also make a complaint about concerns you have regarding our compliance with any of our established policies and procedures concerning the confidentiality and use or disclosure of your PHI, or about the requirements of the Federal Privacy Rule.

All complaints should be directed to our Privacy Officer at the following address and phone number:

Privacy Officer  
McLane/ Black Lake Fire Department  
125 Delphi Rd. SW  
Olympia, WA 98502  
(360) 866-1000

YOU MAY ALSO MAKE A COMPLAINT TO THE GOVERNMENT

If you believe McLane/ Black Lake Fire Department is not complying with the applicable requirements of the Federal Privacy Rule you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. The Privacy Rule states the following:

*Requirements for filing complaints.* Complaints under this section must meet the following requirements:

- (1) A complaint must be filed in writing, either on paper or electronically.
- (2) A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the Federal Privacy Rule or the applicable standards, requirements, and implementation specifications of subpart E of part 164 of the Federal Privacy Rule.
- (3) A complaint must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless the Secretary for good cause shown waives this time limitation.
- (4) The Secretary may prescribe additional procedures for the filing of complaints, as well as the place and manner of filing, by notice in the Federal Register.

(c) *Investigation.* The Secretary may investigate complaints. Such investigation may include a review of the pertinent policies, procedures, or practices of the covered entity and of the circumstances regarding any alleged acts or omissions concerning compliance.



**McLane/ Black Lake Fire Department  
Log for Processing Complaints About Privacy Practices**

<b>DATE COMPLAINT RECEIVED</b>	<b>PATIENT NAME</b>	<b>DESCRIPTION OF COMPLAINT</b>	<b>DISPOSITION OF COMPLAINT</b>

**Member verification of Confidentiality Policy**

**McLane/ Black Lake Fire Department  
Policy on Confidentiality and Dissemination of Patient Information and Staff 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. McLane/ Black Lake Fire Department prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization 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 McLane/ Black Lake Fire Department provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of McLane/ Black Lake Fire Department’s patients. I understand that it is necessary, in the rendering of McLane/ Black Lake Fire Department 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 McLane/ Black Lake Fire Department during my entire employment or association with McLane/ Black Lake Fire Department. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of McLane/ Black Lake Fire Department immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with McLane/ Black Lake Fire 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.

I have read and understand all privacy policies and procedures that have been provided to me by McLane/ Black Lake Fire Department. 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 of any membership or association with McLane/ Black Lake Fire Department. This is not a contract of employment and does not alter the nature of the existing relationship between McLane/ Black Lake Fire Department and me.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_