



INDEPENDENCE FIRE DISTRICT

P.O. Box 175
1980 Delaware Crossing
Independence, KY 41051-0175
Office (859) 356-2011 Fax (859) 356-3624
www.independencekyfire.org
Scott Breeze, Fire Chief

Confidentiality of Patient Information and 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 Independence Fire District 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 the Independence Fire District provides services to patients that are private and confidential and that I must respect the privacy rights of the Independence Fire District's patients. I understand that it is necessary, in the rendering of the Independence Fire District 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 the Independence Fire District during my employment or association with the Independence Fire District. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify, in writing, the Privacy Officer of the Independence Fire District immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with the Independence Fire District. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return all patient confidential information in my possession.

I have read and understand all the privacy policies and procedures that have been provided to me by the Independence Fire District. 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 with the Independence Fire District. This is not a contract of employment and does not alter the nature of the existing relationship between the Independence Fire District and me.

Signature: _____

Date: _____

Printed Name: _____



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Hold Harmless Agreement

WHEREAS _____ is desirous of and has requested from the Independence Fire District permission to act as an observer with the District Fire/EMS personnel, including the riding in a District-owned emergency apparatus, and accompanying Fire/EMS personnel as an observer in the performance of the Fire/EMS duties; and,

WHEREAS it is understood that the Independence Fire District cannot accept responsibility for or guarantee the safety of such individual or individuals when acting in such capacity as observers or riders.

Now, Therefore, BE IT AGREED as follows:

That in consideration of his or her being permitted as an observer to ride in a District-owned emergency response apparatus with District Fire/EMS personnel and to accompany the Fire/EMS personnel in the performance of their duties, the undersigned hereby voluntarily assumes all risk of accident, injury, or damages that may be sustained and hereby, in signing below, releases and forever discharges the Independence Fire District, its employees and agents, including but not limited to Fire/EMS personnel of the Independence Fire District, from every such claim, demand, damage, liability, action, or cause or action of any kind or nature, for or on account of any personal injury or damage, or injury or damage to property of any kind or nature sustained, whether caused by the negligence of the Independence Fire District, its agents or employees, including but not limited to Fire/EMS personnel, or otherwise.

The undersigned hereby further agrees to hold the Independence Fire District, its agents and employees, including but not limited to Fire/EMS personnel completely harmless from any claim, demand, damage, liability, action or cause of action of any kind which may arise against any or all of them resulting in any way from his or her riding with an Independence Fire District personnel in a District-owned emergency response apparatus while accompanying any Fire/EMS personnel in the performance of their duties and acting as an observer thereof.

IN WITNESS THEREOF, I set my hand this ____ day of _____, 20__ at Independence, Kentucky.

Signature of individual executing release

Officer in Charge: _____

Unit Assigned: _____

Emergency Contact: _____

Phone: _____