CONFIDENTIALITY AGREEMENT

THE STATE OF TEXAS)
)
COUNTY OF DALLAS)

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned_____, a private person, for and in consideration of the privilege of riding as a guest in a fire rescue department vehicle of the city of Dallas, acknowledge that routine fire rescue department activities **INVOLVE INFORMATION RECEIVED FROM PATIENTS AND/OR OTHERS WITH INFORMATION RELATIVE TO THEIR CARE. THIS INFORMATION IS PRIVATE AND CONFIDENTIAL AND IS PROTECTED FROM UNAUTHORIZED USE AND DISCLOSURE BY BOTH FEDERAL AND STATE LAW. IT IS THE POLICY OF THE DALLAS FIRE RESCUE DEPARTMENT TO ENSURE THAT ALL PATIENT HEALTH INFORMATION WILL BE TREATED AS PRIVATE AND CONFIDENTIAL AT ALL TIMES AND WILL BE KNOWN AS PROTECTED HEALTH INFORMATION (PHI).**

I FURTHER AGREE THAT THE EXECUTION OF THIS AGREEMENT SHALL REQUIRE THAT PHI IS NOT USED OR DISCLOSED IN ANY WAY THAT IS NOT PERMITTED BY LAW. FAILURE TO COMPLY WITH THIS AGREEMENT CONCERNING PHI WILL RESULT IN THE TERMINATION OF THE RIDE-ALONG SESSION AND MAY CONSTITUTE A VIOLATION OF STATE AND FEDERAL LAWS. I ALSO UNDERSTAND THAT I AM NOT TO ENTER PATIENT CARE AREAS OF ANY HOSPITAL EMERGENCY ROOM WITHOUT PRIOR APPROVAL FROM EACH HOSPITAL'S ADMINISTRATOR OR THEIR REPRESENTATIVE. DISCLOSURE OF PHI SUBSEQUENT TO THE RIDE-ALONG SESSION MAY ALSO RESULT IN CRIMINAL AND CIVIL PENALTIES. ALL REQUESTS FOR PHI SHALL BE FORWARDED TO THE EMS DIVISION PRIVACY OFFICER.

Signed, this the _____day of_____ _____, 20_____, A.D.

Name/Signature:_____

Guardian or Parent if Rider is a Minor_____

Address:_____

Telephone:_____

Witness:_____
(Print and sign name)

DFRD FORM 147D
4/08