



## DFR Rider Privacy Policy

---

City of Dallas Fire-Rescue Department is committed to protecting the private health information of patients served by the EMS Bureau. We are required by law to maintain the privacy of health information that could reasonably be used to identify an individual, known as "protected health information" or "PHI."

In consideration of being permitted to participate in the Ride-Along Program, you agree to abide by the following rules of the Ride-Along Program.

You understand that patients provide and DFR collects personal, confidential information verbally, in writing, and through digital means. You understand and agree that any information pertaining to patients is strictly confidential and protected by state and federal laws and that you will not use or disclose patient information in any way, unless City of Dallas Fire-Rescue Department authorizes you to do so.

You agree to comply with all HIPAA policies and procedures in place at City of Dallas Fire-Rescue Department during your ride-out experience. If at any time you knowingly or inadvertently breach patient confidentiality or violate the HIPAA policies and procedures of City of Dallas Fire-Rescue Department, you agree to notify City of Dallas Fire-Rescue Department immediately.

You also understand that you may be exposed to other confidential or proprietary information of DFR and you agree not to reveal any of that information to anyone at any time, unless you are authorized by City of Dallas Fire-Rescue Department to do so.

Failure to uphold these obligations can result in denial or termination of the privilege to gain clinical experience or observe the activities of DFR. Upon termination of this privilege for any reason, or at any time upon request, you agree to return any and all patient information or confidential or proprietary information in your possession. You understand that any patient or confidential information that you see or hear during the ride-out must not leave with you at any time.

I have reviewed this policy and I agree to abide by them.

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

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

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