



**CORUNNA AREA AMBULANCE SERVICE, INC.
610 N. SHIAWASSEE STREET
P. O. BOX 33
CORUNNA, MICHIGAN 48817
(989) 743-3050**

CONFIDENTIALITY ACKNOWLEDGEMENT STATEMENT

Please read all sections, if you have any questions, please seek clarification before signing.

Confidentiality of Patient Information:

I understand that as an employee/affiliate Corunna Area Ambulance Service, Inc., a Michigan non-profit corporation, herein after referred to as "CAAS", services provided to patients are private and confidential and only be used by authorized persons as necessary; and that, all information provided by patients or regarding medical services provided to patients, in whatever form such information exists, including oral, written, printed, photographic and electronic (collectively "Confidential Information") is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use of disclosure; and in my course of employment/affiliation with CAAS, I may be given access to certain confidential information.

Disclosure, Use and Access of Electronic of Hard Copy Confidential Information

I further understand as and employee/affiliate of CAAS, any information acquired or accessed while at CAAS in the course of my employment/affiliation must be kept confidential. This applies to all Health Information Portability and Accountability Act (HIPAA) Protected Health Information (PHI) and also includes employee information, financial information, research information, and CAAS business affairs. Each individual working in CAAS computer system environment is responsible for protecting the privacy of CAAS patients, employee information, financial information, research information, and other CAAS business information. Also, I must take care to preserve confidentiality of such information in conversations, and in handling, copying, storage of, and disposing of documents and any and all-electronic media that contains such information.

The HIPAA privacy regulation allows for copies of personal information when requested through proper channels. Any violation of this acknowledgement or CAAS policies and procedures is strictly prohibited. CAAS networking and computer systems require passwords for access and only to employees with an officially granted account. Each employee is responsible for maintaining confidentiality by never sharing passwords of access and always locking or logging off an application, terminal, or workstation when leaving and area. Each employee is accountable for all activity under his or her password, account, and/or electronic signature. Such activity may be monitored.

Disclosure of confidential information is prohibited even after termination of employment, contract, or any business agreement/relationship unless specifically waived in writing by an authorized agent of CAAS.

I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any third party (including, but not limited to business associates, friends and family members). I understand that this obligation remains in full force during the entire term of employment/affiliation and continues in effect after such employment/affiliation terminates.

Confidentiality Policy

I agree that I will comply with confidentiality policies that apply to me as a result of my employment/affiliation.

Return of Confidential Information

Upon termination of my employment/affiliation for any reason, or at any other time upon request, I agree to promptly return to CAAS any copies of Confidential Information then in my possession or control (including all printed and electronic copies), unless applicable laws or regulations specifically requires retention.

Remedies

I understand and acknowledge that: The restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interests of patients and CAAS. Failure to comply with this Agreement in any respect could cause irreparable harm to patients and/or CAAS and also possible litigation against myself.

I understand that CAAS may initiate administrative actions against me in accordance with policies and procedures, applicable agreements, federal/state and local laws for disclosure of any unauthorized use of PHI, employee information, financial information, research information, and CAAS business information. I understand that CAAS sanctions for a violation may include, but not limited to, penalties up to and including termination of employment. I understand that I may be subject to civil and/or criminal legal action. I have received and read this Statement of Confidentiality and understand the requirements set forth in it.

Signature

Date

Printed Name