



CONFIDENTIALITY AGREEMENT
(Observer)

Note: This agreement is to be signed by observers riding with Harris County Emergency Corps who have or will have any access to protected health information.

Date of AGREEMENT: _____, 20_____

This is an AGREEMENT between the parties listed below.

Parties: Harris County Emergency Corps ("HCEC") and

Printed Name of Observer ("Observer")

Affiliation

Purpose:

To ensure that the parties are aware of their responsibilities under the provisions of the laws of the State of Texas relative to confidentiality and privacy of protected patient health information and under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and that they will comply with the policies and procedures of HCEC concerning a patient's Protected Health Information (PHI).

Policy Statement:

The information received from patients or others relative to the care of our patients is private and confidential and is protected from unauthorized use and disclosure by both federal and state law.

It is the policy of HCEC that all patient health information will be treated as private and confidential by all employees, observers, and other persons at all times. Such information will be known as Protected Health Information (PHI).

PHI may exist in any form, oral, written, electronic, or photographic.

Regardless of what form it is in, PHI will be kept confidential except as necessary for the following purposes:

- Treatment
- Payment
- EMS Operations
- When required to be reported or disclosed by law

The Policy and Procedures Manual of this organization provides detailed information about when, how, and to whom PHI can be used or disclosed.

Agreements:

Harris County Emergency Corps agrees:

- That HCEC and Observer signing this agreement have either (1) a direct employer/employee business relationship or (2) a similar relationship by virtue of the person signing being an Observer with HCEC; and
- That PHI may at times be transmitted to Observer as an incidental part of a ride along, for treatment, health care operations, billing, records keeping, evaluation, audit, or for other purposes which are for the benefit of HCEC and/or the signing party.

Observer agrees:

- To treat any PHI received in the course of Observer's relationship with HCEC as confidential and to comply with the provisions of Texas and Federal laws governing use and disclosure of PHI;
- That if PHI is used or disclosed in any way which is not permitted by law, the instance of use or disclosure will be reported to the Privacy Officer identified in the Privacy Notice immediately;
- That failure to comply with policies and procedures concerning PHI may result in suspension or termination of the relationship between the Observer and HCEC;
- That unauthorized use or disclosure of PHI may constitute a violation of state and federal laws, and Observer may be liable for civil penalties of \$100.00, (\$3,000 under Texas Health Records Privacy Act, Chapter 181, H&SC) for each unauthorized use or disclosure, up to a maximum of \$25,000.00 in one year under federal law, or criminal penalties of up to \$250,000.00 fine and 10 years imprisonment under federal law. Observer may be further subject to a \$250,000 fine imposed by the State of Texas, and injunctive relief may be sought against Observer by the Attorney General of the State of Texas if Observer should violate either the provisions of the Texas Health Records Privacy Act or HIPAA;
- That if the Observer ceases to have an Observer relationship with HCEC for any reason, Observer will immediately return any and all PHI that Observer may have in his or her possession to HCEC; and
- That if Observer's relationship with HCEC ceases, Observer will continue to treat all PHI as confidential and comply with HCEC's policies and procedures concerning PHI.

(Init) _____ I, the aforesaid Observer, have read and understand all policies and procedures of HCEC concerning PHI, and I have read a copy of the Privacy Notice posted in various locations, including ambulances, of HCEC.

SIGNED AND AGREED ON THE DATE WRITTEN ABOVE.

Harris County Emergency Corps

BY _____
Authorized Representative

Observer:

Signature

Printed name: