

Data Request Tracking Number: (To be completed by the EMS Agency) _____

Data Recipient: (name) _____

This Confidentiality Agreement must be completed by any person or entity (which may include but not limited to, research assistants) to whom the Data Recipient provides the Limited Data Set Information.

The federal Health Insurance Portability and Accountability Act ("HIPAA") and its regulations, the California Confidentiality of Medical Information Act and other federal and state laws and regulations were established to protect the confidentiality of medical and personal information, and provide, generally, that patient information may not be disclosed except as permitted or required by law or unless authorized by the patient.

1. I understand that I may be working with confidential medical and other sensitive or private information. This information may include, but is not limited to, medical records, personnel information, ledgers, verbal discussions, and electronic communications including e-mail.
2. I understand and acknowledge that HIPAA requires that I obtain training on the requirements of HIPAA and I agree to obtain all required training before I access, use or disclose any confidential patient information.
3. I acknowledge that it is my responsibility to respect the privacy and confidentiality of patient and other confidential information. I will not access, use or disclose patient or other confidential information unless I do so in the course and scope of fulfilling my duties with the Data Recipient. I understand that I am required to immediately report any information about unauthorized access, use or disclosure of confidential patient information to the Data Recipient and the LA County EMS Agency.
4. I understand and acknowledge that, should I breach any provision of this agreement, I may be subject to civil or criminal liability concerning access, use and disclosure of such information.
5. The limited data set was created using protected health information and requires that certain individual identifiers including names, all addresses other than town, city, and zip code, and all unique identifying numbers have been removed.
6. I understand that I may not use or further disclose the limited data set for purposes other than to those persons indicated by the Intended Use of the Limited Data Set (622.3) for the current proposal as specified. I will use appropriate safeguards to prevent use or disclosure of the information other than as provided for in this agreement. I will report to the Data Recipient and to the LA County EMS Agency any use or disclosure of the information not provided for in this agreement. I will not attempt to identify the information or contact the subjects of the information.

(Signature)

(Print Name)

(Date)