

Your Duty to Protect Client Information under HIPAA and other Privacy Laws

- **Why do we need to protect health and other personal information about the people served by Montgomery County Fire and Rescue Service (MCFRS)?** The County is committed to protecting the privacy of the people it serves, and these people have a legal right to expect privacy in the way their personal information is used. The Health Insurance Portability and Accountability Act (HIPAA) and the Maryland Confidentiality of Medical Records Act protect the confidentiality of health information for people served by the County's Fire and Rescue Services.
- **How does this apply to me?**
While participants are riding along with Montgomery County Fire and Rescue Service, they are obligated to comply with the same HIPAA requirements as our personnel. This means:

Participants may not disclose any information they have seen, heard or observed during their ride along. This includes, but is not limited to, disclosing information to family and friends.

Ride along participants **must not photograph or record, any individuals** while participating in the ride along.
- **What information is confidential?** All identifying information about the people served by MCFRS is confidential, regardless of whether it is heard, seen, written or electronic. For example, a patient's name, address, medical condition, medication usage, or even just the fact that they were served by Fire and Rescue Services, must be treated as confidential information and not shared with anyone. Photographic images and recordings are also identifying confidential information.
- **What happens if I disclose confidential information?** If you violate privacy and confidentiality laws, you may put the County and yourself at risk for fines, penalties and lawsuits. In certain circumstances, there can be criminal penalties, including incarceration.

My obligation:

By participating in this ride along, I understand I am obligated to comply with all laws and regulations that protect the privacy of health and other personal information.

My obligation under HIPAA has been explained to me by MCFRS personnel.

I agree to comply with all laws and regulations that protect the health and other personally identifiable information about people being served by MCFRS.

Date

Ride-Along Participant Signature

Date

Parent/Guardian Signature (If Participant Is Under 18)

Date

Name of MCFRS Personnel and Rank