



Bothell Fire Department

Statement of Patient Confidentiality

In consideration of the City of Bothell granting me the opportunity to accompany and observe Bothell Fire Department personnel, I acknowledge that the duties of the Fire Department will place me in a position to observe private protected health information of individuals who call for emergency services. I understand that this information is strictly confidential as required by Washington State RCW 70.02.

I agree to abide to the following rules regarding an individuals' protected health information:

1. Patient medical chart and information contained in a King County BLS Report Form (Medical Incident Report Form) should only be read by the attending physician, nurse, paramedic or attending fire department personnel unless prior approval is obtained.
2. Never repeat a diagnosis. Refer all patient or family inquiries to the physician, nurse, paramedic or attending fire department personnel.
3. Information concerning friends or acquaintances you see on the fire department campus, in the hospital, at the scene and in the logbook is confidential. When and why an individual is in the hospital or being seen by the fire department personnel is a personal confidential matter.
4. Information concerning the business end of a patient's incident, i.e., charges, billing, insurance is confidential.

I understand that the patient's privacy and care come first. If your presence at an incident compromises the patient's desire for privacy or the delivery of care, you will be asked to leave until the situation allows your return.

I _____ have read, understand and agree to follow all the guidelines as outlined in this Statement of Patient Confidentiality.

Signed _____ Date _____

The remainder of this form is to be completed by a parent or guardian of any observer under eighteen years of age.

I, _____, the parent or legal guardian of the above named minor have read this "Statement of Patient Confidentiality", understand it, and hereby consent to the minor accompanying City of Bothell Fire Department personnel to incidents involving their exposure to an individual's protected health information. I acknowledge the responsibility to abide by the rules governing protected health information and agree to release and hold the City of Bothell, its officials, officers, employees and agents harmless from any and all liability whatsoever for any and all damages and claims that may arise as a result of the minor's inappropriate use of protected health information gained from participation in the Bothell Fire Department Rider program.

Signature _____ Date _____