

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 ("CMIA") and other federal and State laws and regulations were established to protect the confidentiality of medical and personal information. These laws generally provide that patient information may not be disclosed, except as permitted or required by law, or unless authorized by the patient.

The undersigned understands and agrees to the following:

1. 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. HIPAA requires that I obtain training on the requirements of HIPAA. I will obtain all required training before I access, use, or disclose any confidential patient information.
3. It is my responsibility to respect the privacy and confidentiality of patient data and other confidential information. I will not access, use, or disclose patient data or other confidential information unless I do so in the course and scope of fulfilling my duties with the Data Recipient. 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. If 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, and all unique identifying numbers have been removed.
6. I may not use or further disclose the limited data set or any of its contents for purposes or to persons other than for the purpose and to the person(s) 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 or contact the subjects of the information.

(Signature)

(Print Name)

(Date)