

Form 7: Guest/Trainee Confidentiality and Non-Disclosure Agreement

Cooke County EMS  
Guest/Trainee Confidentiality  
and Non-Disclosure Agreement

I, \_\_\_\_\_, acknowledge that patients provide and Cooke County EMS collects personal, confidential information verbally, in writing, and through digital means. I understand and agree that any information pertaining to patients is strictly confidential and protected by federal and state laws and that I will not use or disclose patient information in any way, unless Cooke County EMS authorizes me to do so.

I agree that I will comply with all HIPAA policies and procedures in place at Cooke County EMS during my experience as a guest/trainee with Cooke County EMS. If at any time, I knowingly or inadvertently breach patient confidentiality or violate the HIPAA policies and procedures of Cooke County EMS, I agree to notify Cooke County EMS immediately.

I also understand that I may be exposed to other confidential or proprietary information of Cooke County EMS and I agree not to reveal any of that information to anyone at any time, unless I am authorized by Cooke County EMS to do so. This means that I will not disclose information about Cooke County EMS's business practices or other information that Cooke County EMS might consider to be confidential or proprietary.

Failure to uphold these obligations may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of Cooke County EMS. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient information or confidential or proprietary information in my possession. I understand that any patient or confidential information that I see or hear while a guest/trainee will stay here at Cooke County EMS when I leave.

I have been given an overview of Cooke County EMS's HIPAA policies and procedures and have been given access to review those policies and I agree to abide by them.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_