

# Lancaster EMS, Inc.

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## **OBSERVER CONFIDENTIALITY AGREEMENT**

All observers must follow this Confidentiality Agreement. Please read it carefully before signing. You will be held accountable for your actions. Ask questions if there is anything you do not understand.

### **TERMS**

#### **I understand that:**

1. "Patient Information" is private and protected information about a patient, received through your experience at Lancaster EMS, Inc.
2. "Business Information" is information about Lancaster EMS, Inc.'s business, received through your experience at Lancaster EMS, Inc.
3. Private and protected means you cannot share information with anyone.

### **PATIENT INFORMATION**

#### **I will:**

1. Treat all patient information as private and protected.
2. Discuss patient information only with my sponsor and in private.
3. Not discuss patient information when the experience is over.
4. Not access any information on friends, relatives, neighbors, celebrities, or co-workers or myself (this includes information on computer and on paper).

### **BUSINESS INFORMATION**

#### **I understand that Lancaster EMS, Inc. business data:**

1. Is private.
2. Is owned by Lancaster EMS, Inc.
3. Cannot be shared or discussed with anyone.

### **SYSTEM SECURITY**

#### **I understand that the Information (computer) Systems:**

1. Are owned by Lancaster EMS, Inc.
2. Cannot be used by Observers.

#### **I will NOT use the computer for any purpose, including but not limited to:**

1. Alter or misuse the data systems in any way.
2. Copy data or system software.
3. Personal gain.
4. Send offensive information, such as: national origin, sex, sexual orientation, age, disability or religion.
5. Send patient or business data.

**Lancaster EMS, Inc. reserves the right to:**

1. Audit the data accessed by Observers.
2. Give the data obtained through audit to authorities.

**PERSONAL DUTIES**

**I will:**

1. Complete the necessary requirements before utilizing any patient data for educational purposes.

**I understand that after I leave my experience at Lancaster EMS, Inc.:**

1. I may no longer speak about or access any private or protected patient information.
2. Legal action may result if I share or try to access private or protected patient information.
3. I may not discuss anything about patients or business data.

**I am required to:**

1. Protect Lancaster EMS, Inc. information from loss, misuse, unauthorized access or change of private data.

I understand that I could be asked to leave the organization if I break any part of this Agreement. I also understand that legal charges could be filed against me.

I have read and understand this Agreement. I know it is a condition of my experience at Lancaster EMS, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_