



NORTH COLLIER FIRE CONTROL AND RESCUE DISTRICT
HIPAA & FIPA ACKNOWLEDGEMENT

The North Collier Fire Control and Rescue District (“District”) is governed by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 that limits the District’s disclosure of the protected health information of any patient or other individual receiving response from the District. The District is also governed by the Florida Information Protection Act (FIPA) of 2014 that limits the District’s disclosure of personally identifiable information of a patient or other individual receiving response from the District.

As a participant in the District’s Ride-Along Program, you are specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those departmental personnel who will be conducting your ride-along activities.

Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law. Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, patient reports), the District will assist you in ensuring that the material is in such form that it cannot be utilized to identify a specific incident. No health-related information may be utilized without review and subsequent authorization of the Fire Chief or his or her authorized designee.

RIDE-ALONG OBSERVER ACKNOWLEDGEMENT

As a participant in the North Collier Fire Control and Rescue District’s Ride-Along Program, I understand the restrictions outlined above, and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act of 1996 and the Florida Information Protection Act of 2014.

In Witness Whereof, the Ride-Along Participant, or Parent/Guardian as applicable, has executed this HIPPA & FIPA Acknowledgement on this _____ day of _____, 20_____.

Signature – Ride-Along Participant

Printed Name

Signature – Parent/Guardian
(if applicable)

Printed Name