



CITY OF MANSFIELD
JODIE A. PERRY, MAYOR
 30 N. DIAMOND STREET
 MANSFIELD, OHIO



Mansfield Fire Department

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Daniel Crow, Chief of Fire

HIPAA Orientation Acknowledgment & Non-Disclosure Agreement

For Civilian Participants

Name (Printed): _____

Date of Ride-Along: _____

Program or Affiliation: _____

Acknowledgment of HIPAA Orientation

I acknowledge that I have received and reviewed the Mansfield Fire Department's HIPAA Orientation Brochure for ride-along participants. I understand the importance of protecting patient privacy and agree to follow all applicable rules and expectations.

Confidentiality Agreement

- I will keep all patient information confidential, including anything I see, hear, or read during my ride-along
- I will not take or share photos, videos, or recordings
- I will not discuss patient information with anyone, including on social media
- I will not enter any private residence unless the resident or authorized person gives express consent

Acknowledgment of Program Rules

- Acknowledge the risks and sign, and have notarized, a written waiver of claims and release of liability
- Completing HIPAA orientation and maintaining confidentiality
- Complying with all instructions from department personnel
- Wearing appropriate attire
- I understand that company officers may restrict my access to protect my safety or the dignity of others
- I will remain in the fire apparatus if directed to do so
- Understanding that participation may be terminated at any time

Consequences of Violation

I understand that failure to follow these rules may result in:

- Termination of my ride-along
- Legal penalties under HIPAA
- Permanent loss of future ride-along privileges

Signatures

Participant Signature: _____

Date: _____

Witness Signature (MFD Member): _____

Date: _____