



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 Clinical Student 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.

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 and displaying proper ID
- 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.
- Identifying myself as a student and obtaining patient consent before participating in care
- 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: _____