

**BALTIMORE CITY FIRE DEPARTMENT
HIPAA AND MEDICAL INFORMATION PRIVACY
ACKNOWLEDGEMENT FORM**

I have read Baltimore City Fire Department Manual of Procedure (MOP) section 820-7 Medical Information Privacy (HIPAA). I understand all the terms of MOP 820-7. I have had ample time to review MOP 820-7 and have asked and had sufficiently answered all questions necessary to my understanding of the policy. I agree to abide by all the terms of MOP 820-7 and agree to refrain from in any way disclosing Protected Health Information (PHI) at any time to any unauthorized persons, including friends and family. This agreement and the terms of MOP 820-7 remain in effect beyond the activities in which I am participating. If I am participating in a ride-along or training activity, for example, I agree to abide by the terms of this agreement and MOP 820-7 even after the ride-along or training session has ended. If I have any questions about disclosures of PHI that may arise in the future, I will inquire with the BCFD.

Participant's Signature _____ DATE _____
Name (in print):

Sponsor's Signature* _____ DATE _____
Name (in print):

*The sponsor is the BCFD employee who will be responsible for ensuring the participant's adherence this this policy and MOP 820-7.

**ATTACH THIS FORM TO A SPECIAL REPORT
FORWARD COPIES TO:**

- 1.) SCO
- 2.) BCFD Legal Counsel, Headquarters
- 3.) Company Officer

AND RETAIN COPY FOR YOUR FILE