



Stony Point Volunteer Fire Company
 3827 Stony Point Road
 Charlottesville, VA 22911



Ride-Along HIPAA Participant Agreement

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (as amended) and the Virginia Health Records Privacy Act (Virginia Code § 32.1-127.1:03) limit disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operational purposes. Further 42 CFR Part 2, Subpart E prohibits the release of substance abuse treatment information, which may include the administration of Naloxone or other drug use remediations. Additionally, the department is authorized to release health information for a number of specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.).

As a participant in the department’s Ride-Along Program, you are 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. If any disclosures are required by law, they will be made by Albemarle County Department of Fire and Rescue personnel only. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law.

As a participant in the Albemarle County Department of Fire and Rescue’s Ride-Along program, I understand the restrictions outlined above, and I agree to abide by the requirement of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in this release and the authorities cited herein.

_____ Potential Volunteer _____ Student _____ Trainee _____ Guest Other (explain) _____

Name of Participant (Print)	Participant Signature	Date
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Parent/Guardian For Minor (Print)	Parent/Guardian For Minor Signature	Date
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Department Witness Signature	Identification Number	Date
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