

**White Oak Emergency Medical Services, Inc.
Staff Member HIPAA Assurances**

I agree that I will comply with all of White Oak Emergency Medical Services, Inc.'s HIPAA policies and procedures during my entire employment or association with White Oak Emergency Medical Services, Inc.. If I at any time knowingly or inadvertently breach the policies and procedures, or witness someone else doing so, I agree to notify the HIPAA Compliance Officer of White Oak Emergency Medical Services, Inc. immediately.

In addition, I understand that a breach of patient confidentiality, White Oak Emergency Medical Services, Inc.'s HIPAA policies and procedures, or of these assurances may result in disciplinary action up to and including termination of my employment or association with White Oak Emergency Medical Services, Inc.. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession, as well as any devices, hardware, or software issued to me by White Oak Emergency Medical Services, Inc..

I understand that all hardware, software and other devices owned by White Oak Emergency Medical Services, Inc. are the sole property of White Oak Emergency Medical Services, Inc. and that I only have the right to use the equipment for legitimate company purposes for which I am authorized. If I utilize a password to access any hardware, software, or other devices owned by White Oak Emergency Medical Services, Inc., I will provide that password to the HIPAA Compliance Officer upon request. With respect to any device issued to me by White Oak Emergency Medical Services, Inc., I agree to:

- Protect all data on the device in accordance with all company policies and procedures and not permit unauthorized use or access to data on the device;
- Permit White Oak Emergency Medical Services, Inc. to configure and install security software on the device and not modify or delete that software;
- Permit White Oak Emergency Medical Services, Inc. to remotely wipe the device whenever White Oak Emergency Medical Services, Inc. deems such action necessary;
- Permit White Oak Emergency Medical Services, Inc. to monitor the device when permitted by law to do so;

- Allow White Oak Emergency Medical Services, Inc. to inspect the device when White Oak Emergency Medical Services, Inc. has a legitimate business need to do so;
- Hold White Oak Emergency Medical Services, Inc. harmless if the device is damaged and/or my personal data is viewed or deleted;
- Immediately report any loss of the device and any improper use or access to data on the device; and
- Limit storage of data to work-related information, in accordance with White Oak Emergency Medical Services, Inc. policies and procedures.

I further understand that upon termination of my employment or association with White Oak Emergency Medical Services, Inc. for any reason, White Oak Emergency Medical Services, Inc. will terminate my access to its equipment and facilities.

I have read and understand the HIPAA policies and procedures that have been provided to me by White Oak Emergency Medical Services, Inc.. I agree to abide by all policies or be subject to disciplinary action up to and including termination of employment or of any membership or association with White Oak Emergency Medical Services, Inc.. This is not a contract of employment and does not alter the nature of the existing relationship between White Oak Emergency Medical Services, Inc. and me.

Signature: _____ **Date:** _____

Name: _____