

# eMedical Confidentiality Form

## CONFIDENTIALITY AGREEMENT FOR WORK WITH MEDICAL RECORDS

*Working with completed Health Screening Questionnaire (HSQ) forms or Medical Exam forms for wildland firefighters involves access to confidential medical information regarding federal employees and applicants for federal positions. This information, and the Forest Service's use of it, is governed by the Privacy Act of 1974, OPM/GOVT- 10 (the System of Records Notice for federal medical records), and the Health Insurance Portability and Accountability Act (HIPAA). The medical information may be in either written, computerized formats, or verbal; and persons working with these records may receive or become aware of confidential information through several mechanisms, including written, verbal, or computer-based sources. The information, and all records and their contents, must be maintained in a secure and confidential manner at all times, and must be used only for the necessary and legitimate purposes for which the information was gathered and provided for its review. Employee-identifiable information may not be released in any manner outside the immediate purposes associated with the medical screening of fire personnel.*

*By signing this form, I acknowledge my understanding of the above Confidentiality Agreement, and agree to adhere to this Agreement, the Privacy Act, and OPM-GOVT-10 provisions for the use and release of confidential information.*

Name \_\_\_\_\_

Job Title \_\_\_\_\_ Unit (Forest, Station/District) \_\_\_\_\_

Phone number \_\_\_\_\_ eMail \_\_\_\_\_

Replacing: (if new HSQ Coordinator request) \_\_\_\_\_

Employee