

# *Ambulance Service of Manchester, LLC*

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## **VISITOR, OBSERVER AND FIELD INTERN'S CONFIDENTIALITY AGREEMENT**

Ambulance Service of Manchester (ASM) maintains a policy of confidentiality regarding patient, caller and client information as reflected in our HIPAA Policies and Procedures. These policies affirm that information provided by patients, healthcare facilities, insurance companies and other agencies and clients of ASM is provided under the premise that information shall be kept **confidential** by all employees who come in contact with the information, and all **visiting parties**.

I may be given access to confidential information belonging to ASM through my relationship with ASM or as a result of my access to ASM's premises. In consideration of being admitted to ASM's facilities, I will hold in the strictest confidence any confidential information that is disclosed to me. I will not remove any document, equipment or other materials from the premises without ASM's written permission. I will not photograph or otherwise record any information to which I may have access during my visit.

This includes any and all business related and/or proprietary information such as radio codes, client lists, coverage strategies, any and all information concerning ASM's current, future or proposed services, including, but not limited to, dispatching codes, specifications, patient care data, technical notes, computer printouts, memoranda and correspondence, development and related agreements, information and materials relating to ASM's purchasing, accounting and marketing, marketing plans, sales data, unpublished material, cost and pricing information, customer lists or any other non-public information.

This Agreement is binding on me, my heirs, executors, administrators and assigns and inures to the benefit of ASM, its successors and assigns. This Agreement constitutes the entire understanding between ASM and me with respect to its subject matter. It supersedes all earlier representations and understandings, whether oral or written.

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Signature

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Name

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Company, Course or Agency Represented

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Date