

**MIAMI DADE COLLEGE
MEDICAL CENTER CAMPUS
SCHOOL OF HEALTH SCIENCES
EMERGENCY MEDICAL SERVICES**

**PARAMEDIC PROGRAM
EMS CONFIRMATION PAGE**

Name _____ Student Number: _____

1. **PARAMEDIC ENROLLMENT** - As a student enrolled in Emergency Medical Services, I understand it is my responsibility to read and understand the content of the documents listed below. My signature below acknowledges that I have read these documents, understand the content of these documents and will be responsible for providing printed copies, as needed, in order to fulfill my requirements as a student in the Paramedic program.

**School of Health Sciences Student Manual
EMS 2601 – Paramedic 1 Lecture Course Outline
EMS 2601L – Paramedic 1 Lab Course Outline
EMS 2664 – Paramedic 1 Clinical Course Outline
Hold Harmless – Miami Dade Fire Rescue**

**EMS Policies and Procedures
Paramedic Program Required Supplies
EMS Confirmation Page - Paramedic
Student Confidentiality Statement
Hold Harmless – City of Miami**

2. **RELEASE/CONSENT** - I hereby give my consent to use any reproduction of my photograph and/or my personal story to promote education and the mission of Miami Dade College.
3. **STUDENT CONFIDENTIALITY STATEMENT** - As a student enrolled in a Miami Dade College health care program, I am aware of my responsibility for maintaining confidentiality of patient information that may become available to me in the course of my studies. Such information is protected and confidential under applicable federal and state laws and affiliation agreements between the College and affiliating health care agencies.

I will not reveal any patient information to any third party, except as authorized by law or as authorized by the affiliating agency. I will not use any patient identifying information, such as name or initials, on paperwork or electronic transmissions submitted to the College in the course of my studies. I will only discuss patient information or a patient's medical condition at the affiliating agency in settings away from the general public and only with authorized personnel at the affiliating agency. I further understand that in a classroom setting I will only discuss patients and their medical conditions in a manner that does not in any way identify the patient.

I agree to comply with all patient information privacy policies and procedures of Miami Dade College and the affiliating agency. I understand that violating this Confidentiality Statement may result in criminal and civil penalties against me for violating federal and state patient information privacy laws.

4. **HOLD HARMLESS** – For the completion of the field experience portion of the paramedic program, I understand that I must sign a hold harmless agreement with the various municipalities utilized by Miami Dade College. I will abide by the content found in the hold harmless agreement and follow all municipality policies and procedures.

Print Student Name

Student Signature

Date

(May 2011)