



Driver & Employee HIPAA Agreement to Safeguard Client Information

***Employee must read, sign and date. Retain original in employee file and provide a copy to IntelliRide.**

Transportation Provider Name: _____

Employee Name: _____ Job Title: _____

I, _____, am employed by the transportation provided named above to provide services in support of a contract (the "Contract") with IntelliRide, a division of Transdev Services, Inc. Performance of my duties in support of this Contract may expose me to information relating to those individuals applying for or receiving non-emergency medical transportation services.

I understand that under both state and federal law, I have a duty to safeguard information relating to these individuals from unauthorized use, publication, or disclosure. I further understand that under state and federal laws, civil and criminal penalties may be associated with the unauthorized use, publication or disclosure of such information. In addition, failure to reasonably protect the information from unauthorized use, publication or disclosure may cause my employer to take disciplinary action, including termination of my employment.

Therefore, I agree that I will not use, publish, or disclose any information relating to such individuals except as authorized in the performance of my duties under the Contract. I further agree that I will conform to those practices, processes and procedures as may be in place on this project to prevent the unauthorized use, publication, or disclosure of such information.

Should I learn of any unauthorized use, publication or disclosure, whether intentional or inadvertent, I will promptly report such information to my company's program manager, or to IntelliRide at 808-237-2953.

Employee Name (Printed)

Employee Signature

Date