



## HIPAA Waiver for Holley Navarre Fire District Cadets

I, \_\_\_\_\_ [cadet's name], acknowledge my participation in the Holley Navarre Fire District cadet program. As a cadet in this program, I may encounter and have access to protected health information (PHI) citizens and patients within the Holley Navarre Fire District's jurisdiction. I understand that the confidentiality and privacy of this PHI must be strictly maintained in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

I agree not to disclose, share, or otherwise disseminate any PHI that I may access during my participation in the Holley Navarre Fire District cadet program, unless explicitly authorized to do so by the individuals to whom the information pertains or as required by law. I understand that any unauthorized disclosure of PHI is a violation of HIPAA regulations and may result in disciplinary action, including termination from the cadet program and legal consequences.

By signing below, I affirm that I have read and understand the terms of this HIPAA waiver and agree to comply with all HIPAA regulations regarding the confidentiality and privacy of protected health information as it pertains to the Holley Navarre Fire District.

\_\_\_\_\_  
Cadet's Name (Printed)

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Cadet's Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date