## AETNA AMBULANCE SERVICE INC.

140 VAN BLOCK AVENUE HARTFORD, CONNECTICUT 06114 PHONE (860) 247-6792 FAX (860) 240-7574

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

Aetna Ambulance Service (Aetna) 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 Aetna is provided under the premise that information shall be kept <u>confidential</u> by all employees who come in contact with the information, and all <u>visiting parties</u>.

I may be given access to confidential information belonging to Aetna through my relationship with Aetna or as a result of my access to Aetna's premises. In consideration of being admitted to Aetna'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 Aetna'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 Aetna'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information and materials relating to Aetna's purchasing, accounting and marketing, marketing plans, sales data, unpublished material, cost and pricing information, customer lists or any other non-public information.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 Aetna, its successors and assigns. This Agreement constitutes the entire understanding between Aetna and me with respect to its subject matter. It supersedes all earlier representations and understandings, whether oral or written.

Signature	
Name	
Company, Course or Agency Represented	
Date	