



Montgomery County Fire and Rescue Service
Medical Review Committee

CONFIDENTIALITY AGREEMENT

I am a member or invited guest of the Montgomery County Fire and Rescue Service Medical Review Committee. In this role, I recognize that confidentiality is vital for the free and candid discussion necessary for effective emergency medical services quality assurance activities. Therefore, I agree to respect and maintain the confidentiality of all discussions, deliberations, records, minutes and other information related to quality assurance and medical review activities.

Furthermore, my participation on the Montgomery County Fire and Rescue Service Medical Review Committee is based on my belief that confidentiality will be similarly preserved by every other member of the Montgomery County Fire and Rescue Service Medical Review Committee or other individuals that are involved. I understand that the Montgomery County Fire and Rescue Service Medical Review Committee is entitled to undertake such actions as is deemed appropriate to ensure that this confidentiality is maintained. This includes action necessitated by any breach of this agreement. I further understand that willful and knowing release of information deemed as confidential by law could result in disciplinary action and/or criminal penalties. Additionally, willful and knowing disclosure of a confidential record, which identified any individual, could result in liability to that individual for actual and punitive damages.

Name: _____

Title: _____ Affiliation: _____

Phone: _____ email: _____

Signature: _____ Date: _____