

Town of Georgia Fire Department



Confidentiality Agreement

_____ D.O.B. _____ understand that in my employment position for the Town of Georgia in conjunction with the Georgia Town Fire Department that I may routinely be exposed to, or in possession of confidential and sensitive information.

Accordingly, I will not disclose confidential identities or jeopardize fire operations and/or investigations. This includes, but is not limited to, written, auditory and/or visual messages communicated via or on Department resources or via personal devices, such as cell phones, PDAs, etc., and/or social media (Twitter, Facebook, Myspace, YouTube, etc.). Any written, auditory and/or visual messages communicated by a member that are relative to the Town of Georgia Fire Department in any capacity are the sole property of the Town of Georgia Fire Department. This includes, but is not limited to, any written, auditory, and/or visual messages communicated via or on Department resources or via or on personal devices and/or social media networks.

Any disclosure of confidential patient health information without specific written patient authorization or court order, may open the violator to civil and criminal liability and disciplinary action, up to and including termination.

I also understand that I am not authorized to disclose any information pertaining to Town of Georgia Fire Department matters that I am familiar with or come to know about as a result of my employment with the Town of Georgia without specific written authorization from the Fire Chief or his/her designee. I also understand that failure to sign this Agreement may result in disciplinary action up to and including my dismissal.

Signature: _____

Date: _____