MEDIC
Medical Excellence. Compassionate Care.

Modified Duty
Memo of Understanding/Confidentiality Agreement

I understand that as a condition of employment in a Modified/Light Duty role with Medic, Mecklenburg County EMS Agency, I will abide by the following minimum guidelines:

1. I must always adhere to my home department's uniform policy unless otherwise authorized by the Risk and Safety Supervisor.
2. I am subject to all policies to include the attendance policy, 2.9 of the Employee Handbook. I will follow the attendance policy when requesting time off to include Wellness Days. These requests and all other requests for time off will be sent to Safety@medic911.com while I am on modified duty.
3. If I am going to be out/late for any reason, I must contact the Operations Assistant (OA) at 704-943-6226 **and** the Safety Office at Safety@medic911.com.
4. I understand that my schedule may change based on need and that I am expected to arrive on time, at my assigned location, for the assigned duration, ready to work my assigned role.
5. I must notify safety with any request/notification for schedule change. This includes schedule changes for medical visits, physical therapy, in-services, off-site lunches, etc. Safety@medic911.com
6. I will clock out for any training, in-service, meeting, appointment, or anytime I leave the building for any reason, and I will clock back in upon return to finish my shift (when applicable).
7. I will not work any overtime for any reason unless I have written authorization from Safety.
8. I will provide work notes from my treating physician after each visit, (the day of the visit), to Safety via email to Safety@medic911.com
9. I must have a return to full duty note and meet the requirements of the Return to Full Duty Work Form (*RS 005 - Form 9*) prior to being placed back into my normal job duties.
10. I am not guaranteed approval into the modified duty program, nor am I guaranteed minimum hours while on modified duty.
11. If placed on modified duty by a physician due to an OJI, I must return to work for the remainder of my shift and contact the Safety Office within 24 hours for additional instructions.
12. I understand that failing to adhere to these requirements may result in removal from the modified duty program and/or progressive discipline.

Signature: _____ Supervisor: _____

Employee ID: _____ Date: _____

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I shall neither during nor after the period of employment, including while on Modified Duty or within an administrative capacity, except in the proper course of my duties or as permitted by Mecklenburg EMS Agency, known as the Agency, or as required by law, divulge to any person any confidential information concerning:

Confidential Patient Care Information

- Records compiled or maintained by the Agency in connection with the dispatch, response, treatment, or transport of individual patients, including, but not limited to, patient care reports, CMED records, 911 tapes, recorded radio traffic, and other patient information collected and maintained by the Agency and its First Responders
- Records compiled by the Agency in connection with the statewide trauma system.
- Other records compiled or maintained by the Agency contain personal information relating to a patient's physical or mental condition, medical history, medical treatment and/or patient identifiable data.

Confidential Patient Financial Records

- Personal financial records compiled or maintained by the Agency in connection with admission, treatment, and discharge of individual patients, including, but not limited to patient charges, patient accounts and patient credit histories.

Confidential Employee and Business Information

- The Agency prohibits release of information by unauthorized personnel concerning patients and Agency employees including health information, driving records, background checks, financial records, and other such information obtained by the Agency's records which if disclosed would constitute unwarranted invasion of privacy.

I understand and acknowledge that:

1. I will adhere to the conditions of employment in a Modified Duty role.
2. I will abide by all Agency Policies, Standards of Behavior and Code of Ethics to include the Agency's HIPAA, Harassment and Corporate Compliance policies.
3. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk and safety management, and/or peer review activities.
4. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to the Agency and its affiliates, including business, employment and medical information relating to our patients and employees.
5. I further undertake to inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information I access in the course of my duties.
6. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the Agency may, as applicable and as it deems appropriate, pursue disciplinary action up to and including termination from the Agency.

Signature: _____ Supervisor: _____

Employee ID: _____ Date: _____