IDAHO TIME SENSITIVE EMERGENCY SYSTEM

TRAUMA | STROKE | STEMI

North-Central Regional TSE Committee

Confidential Records and Information

I, the undersigned, as a member of the North-Central Regional TSE Committee, acknowledge that the records utilized in the review of Time Sensitive Emergency cases are legally confidential, and the information contained thereon may not be revealed in writing, verbally, or by reproduction, except as authorized by the source of the record. I also state that I have read and understand the portions of IDAPA 16.02.01, addressing Confidentiality of Records and Public Records Act Compliance and Requests.

I understand that if I choose to participate in these reviews via telephone or other digital or electronic device, I am responsible for ensuring that no other persons have access to the information under discussion.

As a member of the North-Central Regional TSE Committee, I agree to hold confidential and private all information from all records used in the review of TSE proceedings.

_____

Printed Name of Member

_____

Signature of Member Date

IDAHO DEPARTMENT OF HEALTH & WELFARE