



Volunteer Agreement and Confidentiality Statement

Thank you for your interest in volunteering at the Community Impact for Christ Clinic. Before being placed in a volunteer position there are some important guidelines of which you need to be informed. Volunteering is a fun and rewarding experience, but it requires a commitment, since patients, clients, staff and other volunteers are relying on you.

All volunteers are expected to honor the following statements. Please review them carefully prior to your volunteer orientation and feel free to ask any questions that you may have at that time.

AS A VOLUNTEER AT THE COMMUNITY IMPACT FOR CHRIST CLINIC I AGREE TO:

Report on time for my scheduled shift.

Notify team leader at least one week in advance of any cancellations or changes to my volunteer schedule. (We understand that illness and family emergencies are unavoidable but please notify your team leader as soon as you know that you are unable to work a scheduled shift.)

Comply with all Clinic policies, protocols, procedures, Code of Ethics and patient care policies, and Patient Eligibility Requirements.

Respect and maintain confidentiality in regards to all personal and medical information of patients or former patients, and clients of the Community Impact for Christ Clinic and not share any information with unauthorized persons. (Refer to Confidentiality Statement Supplementary Information)

Respect and maintain confidentiality in regards to all Community Impact for Christ Clinic staff and fellow volunteers. (Refer to Confidentiality Statement Supplementary Information)

♣Provide care with courtesy and respect to all patients/clients and their family members.

♣Report any incidents, concerns, or disputes to the proper Clinic staff.

THE CIFC CLINIC AGREES TO:

♣Provide orientation, training, and support to all volunteers.

♣Respect, support, and recognize the efforts of all volunteers.

The CIFC Clinic reserves the right to terminate the relationship between itself and the volunteer if at any time service is found to be unsatisfactory or in the event that the provided services are no longer needed. Safeguarding confidential information is a fundamental obligation for all staff and volunteers. Your signature on this statement will commit you to that obligation.

Name (please print): _____

Signature: _____ Date: _____

Read Supplementary Information: _____
(initial)

CONFIDENTIALITY STATEMENT

SUPPLEMENTARY INFORMATION

Confidential Health Information includes but is not limited to:

Any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. Examples include, but are not limited to:

Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples.

Computerized patient data.

Visual observation of patients receiving medical care or accessing services; and

Verbal information overheard or provided by or about a patient.

Confidential Volunteer Information includes but is not limited to:

Volunteer home/mobile telephone numbers and address;

Spouse or other relative names;

Social Security numbers;

Other such information obtained from the Community Impact for Christ records which disclosed, would constitute an unwarranted invasion or privacy.